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OF

MEDICAL CHRONICLE.

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THE

MEDICAL CHRONICLE.

VOL. I.] MONTREAL, JUNE, 1853. [No. 1.

ORIGINAL COMMUNICATIONS.

ART. I.—*Case of Diffused Popliteal Aneurysm, cured by Compression.* By James Crawford, M.D., Lecturer on Clinical Medicine, McGill College, &c.

Aneurysm is a disease of extremely rare occurrence in Canada; at least I have reason to conclude that it is so, from having only seen two cases in Montreal during twenty years, and having heard of only three others. Having been successful, lately, in treating a case of diffuse popliteal aneurysm by compression, I would beg leave to record it in your journal. This mechanical mode of treatment, from its safety, simplicity and efficacy, bids fair to supplant, on most occasions, the more brilliant and scientific surgical plan of ligature of the vessel; and while it disarms the disease of much of its dangers and terrors, almost places the cure in the hands of the patient.

In the end of December, 1852, I was called to see F. R., the subject of the present case—a healthy, muscular man, aged about 36, by trade an ironfounder. In the previous November his attention had been drawn to his right thigh, by a painful sensation at the inner edge of rectus femoris, about four inches above the knee, which was accompanied by a slight swelling of that part, and which he supposed was a bruise; caused by hammering bricks in his hand, supported between his knees, while shaping them for the object of lining his furnace, during which operation he was obliged to sit in a very constrained, crouching posture, within the furnace, and which, in all probability, explains the cause of the accident. The tumor rapidly increased, and is said to have attained the size it presented when I first saw it in about a week. It was all along supposed to be an abscess, and treated accordingly. The pain, inconvenience and tedious nature of the disease, induced him to send for me. At the time I first saw him, the tumor extended from the knee upwards for about seven inches, spreading along the front and inner side of the thigh, and also occupying the popliteal space, (but not prominently.) It was flat, hard and firm, except at one part, about the size of half a dollar, four inches above the inner condyle of the femur, where fluid could be dis-

covered, and where the surface appeared inflamed and red. The circumference of the limb over the tumor measured 3½ inches more than that of the sound limb, and the calf of the leg of this side measured 2½ inches more than the left one. The foot was slightly œdematous; there was a good deal of pain in the limb, and the knee was semiflexed, and could not be straightened. No pulsation could be discovered. The tumor appeared either to be an abscess, or bloody tumor, accompanied with inflammation and formation of matter. After a short observation, an exploration was made, and a small quantity of dark blood issued, which suggested that a more searching examination should be made with the stethoscope, which, after some trials, detected a slight *bruit de soufflet*, and a slight pulsation *could be observed*, by the motion of the applied instrument, although it could not be heard, nor felt by the finger, and was evidently synchronous with the systole of the heart. Strong pressure over the artery in the groin, stopped the pulsation and bruit, but did not affect the size of the swelling.

Having ascertained that it was an aneurysm, although first having appeared in such an unusual situation, and notwithstanding the extent and diffused character of the tumor, I decided on attempting to effect its cure by compression, providing I could have a suitable instrument contrived for the purpose. After an unsuccessful attempt with wooden cramps, I got two iron rings made, with compressing screws and pads, which were found effectual in controlling the circulation in the vessel, one of which was applied about three inches below the pubes, the other between two and three inches lower, which placed the lower one a short distance from the margin of the tumor. At this time the bruit and pulsation had become much more distinct, and the *soft* part of the tumor appeared more thinned. The pain was generally severe at night, interrupting sleep. He was ordered to take an anodyne each night, if he found it necessary.

The application of the pressure commenced on the 15th January, 1853, and gave considerable pain at first, so much so, that he could not bear it for any time; but he soon could continue it for a half or three quarters of an hour. He was entrusted with the charge of the instrument, and maintained the pressure constantly by relieving the instrument occasionally. By this means he kept up a pressure sufficient to remove the bruit while the pulsation remained; besides his feelings as a guide to determine the amount of pressure, he kept a measure of the extent to which the screw required to be pressed. In about ten days from the first application of the cramp, the bruit had disappeared, except slightly in the popliteal space.

On the 17th day, he was suddenly seized with an agonizing, indescribable pain of the leg, throughout its whole length. It was of a thrill-

ing, burning character, and so torturing that he tossed about in agony. The relaxing of the tourniquet at once relieved it, and it did not return immediately on the reapplication of the pressure, but at uncertain intervals for a few days, when it subsided. The tumor rapidly *increased* in size, spreading upwards, till there was not space for the application of the *two* instruments. It was 19 inches in circumference, and required to have the cramp enlarged. The whole limb was swelled and œdematous up to near the groin, and was hard and resisting to the touch. The leg and foot were occasionally hotter or colder to the feeling of the patient, but in general they maintained the proper temperature, and were free from any numbness. The rapid increase of the tumor, and general swelling of the limb, with pain, alarmed the patient much; but being assured that all was going on well, he steadily persisted in the pressure, perhaps longer than was necessary, from fear of danger, as I had reason to believe that the circulation through the sac, was arrested in three weeks, as neither bruit nor pulsation could be perceived at that time, the œdema had subsided, and the limb was assuming a natural size. Since that period, he has been gradually improving, and the tumor decreasing, It now measures round it ¾ of an inch, more than the same part of the sound limb; the fullness in the popliteal space is disappearing; the hamstring tendons are prominent. There is still a little stiffness in the joint, but he has been moving about, and attending to his business, for nearly three months. He has acquired 18lb. of additional weight since his convalescence. No particular or rigid constitutional treatment was deemed necessary in this case. As there was a remarkable *smallness* of pulse, throughout all the arteries, it could not be felt at the inner ankle nor instep. An occasional mild purgative, and a nightly anodyne, constituted the medical treatment.

The case, although it terminated favorably, was not encouraging, from its diffused character, its extent, and the accompanying and increasing œdema. It however adds the more to the reputation of the *bloodless* cure, as these characters are deemed unfavorable, even by its enthusiastic supporter, Dr. Bellingham. An amount of pressure, sufficient to stop the pulsation, caused so much pain, that he could not bear it, and if this had been requisite, the treatment must have been discontinued. The lesser amount of pressure, (sufficient to remove the bruit) could be borne about three-quarters of an hour, at a time when he was obliged to relieve the cramp, by changing to the other. I may here notice a very ingenious contrivance, as a substitute for the *ball* and *socket* joint, depicted in Ranking's abstract No. 8, Cartes' instrument, by which all its advantages can be obtained; this modification of the instrument being to enable the pressure to be made more directly against the os femoris; by changing the angle of the pressing screw, out of the cen-

tre. As all the advantage, therefore, must be confined to a *lateral* inclination, a hinge joint will equally obtain this object, and is preferable to any *fixed* inclination, which could otherwise be given to the screw.—The idea is not new, but the construction of the instrument and the principle is simple, and easily accomplished, which is a desideratum in a country where surgical instrument makers are as rare as cases of aneurysm. I would here remark that the size of the cushion and plate supporting it, as shown in Cartes' instrument, would have rendered it inapplicable in the present case, from want of space, as there was scarcely three inches at one time, for the application of the two instruments, and even *after a reduction in the breadth of the cushions and plates of the instruments was made, one of them had to be removed, to give room,* as has been noticed, and the other shifted a little occasionally to relieve the parts, and prevent excoriation. However, at this period the sac had become sufficiently obstructed, so that this could be done without risk. Another advantage was found in having the instrument made *with two lateral joints,* to allow of their being separated into two semi-circles for the facility of removal and re-application: the joints were easily secured by pins.

The instrument consists of a ring of iron, 26 inches in circumference, about half inch broad and a quarter thick; a hole sufficiently large to allow of the free play of the pressing screw is made through the ring; at each side of this hole, a small piece of iron is dovetailed, being about three-quarters of an inch in length and half an inch in breadth; in the upper part of these shoulders, there is a small hole, to allow two pivots to play, and support a small bar of 1 and ½ inch long, between them, like the centre of an ordinary balance beam: in the centre of this bar there is a female screw, through which the long compressing screw (A) works; at each end of the bar (C) there is a small adjusting screw (BB)

[A, compressing screw; BB, adjusting screws; C, balance bar; D, supporting shoulders.]

to regulate and confine the pressure screw at any angle, the lower surface of this bar being bevelled or filed away, towards its ends, allows of more play, the compressing screw and pad may be about 6 inches long. These measurements, however, may be varied, the object of the present description being only to afford an idea—a broad plate which can be made to shift on the ring, so as always to be placed opposite the pad, (with a good cushion), is attached to the ring.

Montreal, 15th May, 1853.

ART. II.—*Severe Constrictive Disease of the Mitral Valve and Orifice, without a direct but with an indirect Mitral Murmur, non-persistent, and probably of Dynamic origin, with Remarks.* By R. P. HOWARD, M.D., L.R.C.S.E., Physician to Montreal General Hospital, and Montreal Dispensary; Demonstrator of Anatomy, McGill College.

Ellen Cassiday, seamstress, ætat 22, nervous temperament, tall, slight, but well proportioned, consulted me this day, Nov. 7th, 1852, on account of cough, palpitation, and dyspnœa. States that about last Christmas was attacked with pain in left side, which was called pleurisy, and for which she was bled and sent to Hospital, where she was treated for the chest affection; but since that period has experienced shortness of breath when walking. Not long after leaving the institution, she was seized with subacute articular rheumatism, of severity to prevent her attention to domestic duties, and which obliged her to re-enter it. On this occasion she suffered from palpitation and amenorrhœa, and was treated ineffectually with iron. For last six months has had dry cough without expectoration. Never had hœmoptysis. Her mother died of "decline" at 53, but no other member of her family.

Present State.—Suffers from short, dry, hacking cough; habitual dyspnœa and palpitation on the least exertion. The subject of amenorrhœa since coming to this country, now 18 months ago. Pulse 123, regular, not large. Great excitement of heart's action; no marked increase of cardiac dulness; impulse strong and quick; rythm natural; *systolic murmur* at left apex, and two inches to left of this—nowhere else; second sound clear and loud; pulmonary percussion natural. Inspiration louder in right infra-clavic. region than in left, but loud here also. Inspiration somewhat rough in left infra—spinous fossa on forced breathing, without any dulness on percussion. Weak, but not emaciated. She was to have called again for some medicine, but did not do so until the 14th instant, when the following additional points were noted. Pulse 114, regular. The systolic mitral bruit not audible at left spine, but heart's sounds are. No thrill over cardiac region. No turgescence or pulsation of cervical veins. No œdema of ankles or anasarca. The same palpitation and dulness as before.

Diagnosis.—Mitral regurgitation. Suspicious as to phthisis. Prescribed a mixture of iron, digitalis and hyoscyamus; a belladonna plaster over heart; rest.

Nov. 27th.—Called on me to say that her weakness, palpitation, cough, and general distress, oblige her to enter hospital. On her admission, both Dr. Crawford, and our intelligent House-Physician, Dr. Reddy, failed to detect the mitral murmur. The same result attended a careful examination instituted by myself. She was greatly agitated. Pulse over 120; respirations 50 in minute. Purple aspect of face and hands. Great excitement of heart's action—the organ thumps away violently. Loose sub-crepitant râle on left infra-claricular region.

Diagnosis.—The murmur before heard was doubtless owing to unequal closure of the mitral segments from disturbed action either of columnæ carneæ or ventricular wall.

Some time after this she left the hospital somewhat relieved, but returned on the 23rd March, under the care of my colleague, Dr. Scott, (to whose kindness I am indebted for an examination of the heart after its removal.) I learn from the House-Physician, that on the day after her admission, the respirations were 50; the heart's action was most tumultuous; a *systolic mitral murmur* existed; bronchitic ronchi were heard at base of left lung and apex of right, and there was frothy mucous expectoration. On the 24th, she was attacked with severe vomiting, and on the 25th the sputa were bloody. On the 3rd April, was attacked in the night with hæmoptysis which continued free for 12 hours, about half a pint of clear frothy blood having been ejected in that time. Respirations were 63 per minute. Loose sub-mucous râle heard during whole of inspiration, and occasionally during the entire of respiration, with dulness over same region, the left base. The bloody expectoration and other symptoms continuing, on the 5th, 8 ounces of blood were taken from the chest by cups, and it was also dry cupped. She was much exhausted on the 6th, and the systolic bruit which had been heard by Dr. Scott, Dr. Reddy and others, on several occasions since this her last admission, became again inaudible. She died on the 7th, apparently of exhaustion.

Sectio Cadaveris, 11 hours after Death.

Thorax.—Right pleural surfaces adherent, except at apex of lung. Left pleural surfaces universally adherent. No effusion in pleuræ. Active congestion of upper part of right lung, rendering it of bright red color, heavier than natural, but still crepitant and lighter than water. Postero-inferior aspect of same lung also much congested with some dark spots scattered through it, as if the hæmoptysis had originated here.

Pericardium contained 8 oz. of serum. No adhesions. Two smooth old white patches, size of 6d. on front of right ventricle. Heart some-

what enlarged—chiefly the right cavities. Weight 11 oz., and allowing ½ an oz. for the absent portion of left auricle,=11½ oz.

Walls of left ventricle, which is not dilated, measure at base, 10-16, at middle 8-16, and at apex 4-16 of an inch. Those of right, which are more capacious than left, are very thick anteriorly and towards the base, and measure at base 7-16, at middle 6-16 at apex 2-16.

Left auricles lining membrane corrugated, thickened and of pale color. Its appendix large and well developed, but its own cavity not notably large; however, as a portion of it has been cut away in removing the organ, I cannot say whether its capacity was increased or not. Its parietes are thicker than those of right, say threefold. Right auricle much thinner, and apparently more capacious, than left; so thin is its appendix, that between the fibres of the musculi pectinati, the wall is quite translucent, being formed solely of the opposed endo and pericardium. The left auriculo-ventricular orifice so contracted by thickening of the auricular lining, and of the fibrous ring surrounding the orifice, and by binding down and together of the mitral segments, that it just admits the point of the index finger as far as the root of the nail. On the auricular surface of the constriction, which is dense and fibrous generally, and almost cartilaginous at some points, there is one small denuded patch of calcareous deposit. The mitral flaps are thickened, especially at their free edges, and held down into the ventricle by thickened and shortened chordæ tendineæ, so as to form a funnel-shaped prolongation (*retrecissement infundibuliforme of Cruveilhier*) the wide part of which faces the auricle, and the narrow the ventricle; and yet, so closely do the free edges of the two segments meet, when their ventricular surfaces are pressed against, that regurgitation could scarcely have occurred between them, or if possible, certainly to a very slight extent. The serous covering of the thickened valves and chordæ tendineæ in the ventricle is quite smooth. The semilunar valves somewhat thicker than usual, but otherwise natural, close the aortic orifice; and that vessel is so much smaller than the pulmonary, that while its ascending and transverse arch only admits the index finger, the corresponding portions of the pulmonary artery receive the index and middle fingers together, and by measurement, the former vessel is to the latter as 1 to 1½. The coats of the pulmonary artery are nearly as thick as those of the aorta, but less firm and more yielding; its valves normal in all respects. Right auriculo-ventricular orifice 4½ inches in circumference; the tricuspid flaps, and chordæ tendineæ healthy, and close the orifice; their united diameter about 1½ inch. The columnæ carneæ very highly developed.

(To be continued.)

ART. III.—*Wound of Intestine and Scrotum—Recovery without establishment of artificial Anus.* By D. Bergin, M.D., Cornwall.

I was sent for, on the evening of the 5th January last, to see James McIntosh, blacksmith, of St. Andrews, C. W., who had, about an hour previous, met with a very serious accident.

On visiting him, I found him almost in a state of collapse; his skin cold, pulse weak and tremulous, &c.; he, however soon rallied sufficiently to give me an account of the accident. He said, "that he had been in Cornwall at mill; that while in town, he purchased a bar of horse-shoe iron, and placed it between some of the bags in the sleigh; that it was about five feet in length, one inch in width, and about half an inch in thickness; that one end of it rested upon the bag on which he sat, and that somehow or other the other end slipped through the bottom of the sleigh-box, until it reached the road, where it stuck fast, and in consequence the end upon which he sat was forced, or rather drawn up through him by the horses; and that it completely tore off his privates. It was very fortunate that it did not enter his belly, but only strike him on the side, when it knocked him out of the sleigh." He pulled the bar out of his pantaloons before he received any assistance. He was then helped into the sleigh and drove home, a distance of about three miles and a half from where the accident occurred.

On examination, I found that the bar had entered the lower portion of the scrotum on the right side, and had literally torn it to pieces; the testicle was hanging out, deprived of all its covering, skin, cellular tissue superficial fascia, tunica communis or cremaster, and tunica vaginalis; and considerably swollen. The cord and epididymis, although exposed, were uninjured. There was no appearance of any farther injury to the right side; but on the left side, about two inches above the anterior superior spinous process of the ilium, was a small hard swelling, about the size of a bean, and immediately in front of and above it a small spot about half an inch in circumference, somewhat discolored, slightly painful to the touch, and communicating a sort of crackling sensation to the fingers, and also a feeling as if there were a small fissure or opening underneath. From these circumstances I concluded that there was an injury to the bowel at this place, although there was no rupture of the integuments, and that it was produced by the force of the bar acting upon the abdomen from without. The result proved that I was correct, in so far as my diagnosis was concerned, but wrong as to the mode by which it was produced.

Having examined the parts carefully, and satisfied myself that there was no farther injury, I proceeded to dress the wounds, which I had some difficulty in doing, as from the extreme laceration of the scrotum, it was almost impossible to bring the parts properly in apposition. After

the dressing was over, I administered a full opiate, ordered him to be kept perfectly quiet, and to apply warm water dressings to the scrotum. His diet to consist solely of very thin gruel or barley water, but only in small quantities at intervals.

January 6.—On my visit today, I found my patient tolerably easy; complained somewhat of thirst, but there was no fever, his skin was moist, his tongue clean, and his pulse soft and regular. He slept well last night, and does not complain very much of the pain of the wounds. No tenderness of the abdomen. Continue same diet, and repeat the opiate in the evening.

January 7.—Slept well last night, but is more feverish to-day the wound does not look so well, emits a bad odor, and the edges are evidently about to slough. He had a slight motion of the bowels about half an hour previous to my visit. Ordered charcoal and yeast poultice to be substituted for the warm water dressings to the scrotum. The opiate at bed time as last night. There is today, extending across the abdomen, a yellowish-green streak, as if the result of the bruise made by the bar in its passage; did not, however, order any special treatment to be directed to it.

January 8.—The color of the stripe across the abdomen has changed to red; and the abdomen along its track is somewhat swollen; otherwise as yesterday. Continued yeast poultice to scrotum, and directed them to apply bread and milk poultice along the swollen parts of the abdomen. The opiate to be continued at bedtime as before.

January 9.—The wound of scrotum looks well, and is healing nicely. Complains, however, a good deal of the abdominal swelling; the swelling and redness are rapidly increasing; the small button-like hardness or tumor is no longer to be felt; and suppuration is evidently about to take place. I am now satisfied that the bar must, as I had at first supposed, although I failed to trace it, have passed *into* instead of outside the abdomen. Its track is well indicated by the swelling. To continue same treatment.

From this time the swelling increased rapidly. Poultices were kept constantly applied to hasten suppuration, until the morning of the 12th, when an opening was formed in the left side, and about three quarts of greenish and very offensive matter discharged; a small quantity of fæces also escaped through the opening, just previous to my visit. The wounded bowel was now quite visible through the opening, which was very large, and a small portion of it protruded. As it was about to separate, I removed it with a dressing forceps: it came away quite easily, and caused no pain. Ordered the poultices to be kept up as before until my next visit.

January 13.—Scrotum healing rapidly—wound in the side discharging

well. When the poultices were removed in the morning, felt something hard near the opening, which his wife laid hold of with the forceps and removed. It proved to be a small portion of the pantaloons, which the bar had driven before it. This composed the hard lump already spoken of on the left side, and was conclusive proof that the bar had *entered*, not passed over the abdomen. A small portion of the bowel protrudes through the opening in the muscles of the parietes. He had an evacuation this morning, but no portion escaped through the opening in the side.

He continued from this time forth to improve rapidly until the 22nd, when I discontinued my attendance. The wound of the scrotum had healed perfectly. There was still, however, a small opening in the side, but it had nearly closed. I saw him about a week afterward in the road, when he told me that it had healed.

Remarks.—The points most worthy of note in the foregoing case are, the singular course of the bar beneath the abdominal parietes; the subsequent sloughing of intestine; the escape of fæces through the opening; and its final perfect recovery without the ordinary result, artificial anus.

The rapidity with which the wounds healed is also worthy of attention, and is another proof of the rapidity and certainty with which Nature sets up and carries through the reparative process, when not impeded by meddlesome surgery.

ART. IV.—*Cases of Tetanus.* By JOHN REDDY, M.D., L.R.C.S.I., &c.

No. 1.

IDIOPATHIC TETANUS.

Luke Lacy, laborer, aged 26, admitted into the Meath Hospital, 26th December, 1845, under the care of Mr. Porter, complaining of great pain along the spine, and at the epigastrium, with inability to swallow or open his mouth.

States that on Sunday evening last, (five days previously), immediately after a meal, he was seized with a sensation of great tightness in the throat, with pain and difficulty in attempting to swallow, which became worse at every trial, the next day he was barely able to swallow liquids, and but little at a time. On the third, all attempts at swallowing were ineffectual. He continued in this state for two days longer, when he determined to come into hospital. He had been admitted nine years previously, under the care of Surgeon Colles, for a similar attack, but not so severe as the present. He is unable to account for the present seizure, having neither received a wound or bruise of any kind; nor can the slightest abrasion be discovered upon his person, after the most careful examination. It is

somewhat remarkable that his father died some years ago of tetanus, and apparently without any exciting cause. His face has the peculiar sardonic expression. He is constantly frothing from the mouth, and rejects the smallest quantity of liquid. He feels great distress from acute pain at the epigastrium, which shoots across to the spine, while at rest, (which he can hardly be said to be.) He lies on the left side with his legs drawn up, his eyes all the time closed. On opening the door, moving about in the ward, or even addressing him, he becomes instantly convulsed with spasms, which are very frequent. Pulse ranges between 100 and 116. Ordered Hirudines C. along the spine at intervals. App. Emp. Belladonæ nunchæ et Emp. hydrarg e Emp. opii., aa. eq. part epigast. The ungt. hyd. fort. to be freely rubbed into axilla and scrotum. To have the following pill every hour:—R Protochlor. Hyd. gr. iij., Pulv. Opii gr. i., Ant. Tart. gr. ¼ *m*. No amendment throughout the day.

27th—Pulse 100; no perceptible change; cannot swallow the medicine. Slept none since admission; bowels confined. Spasms occur every 5 or 10 minutes, and last from 10 to 20 seconds. Cannot lie more than a few minutes in any one position, and keeps rolling and turning about, when not suffering from spasms; his eyes always closed; answers questions with the greatest reluctance, and never speaks, unless to complain of insatiable thirst. Ordered enema terebint. Continue mercurial frictions.

28th—Pulse 108, feeble. Slept none during the night; bowels relieved by injection. Spasms during the night very severe, and the pain most acute, shooting across from epigastrium to about fourth dorsal vertebra. At 2 o'clock p.m. today, mercurial fætor perceptible, with appearance of amendment for the first time, he being able to swallow a little beef tea, the spasms occurring from about every 25 to 45 minutes. Continue frictions.

29th—Pulse 40. A marked improvement this morning in his appearance. He was not attacked with the spasm more than about every two hours during the night. He appears quite free from them just now, the face has lost the peculiar expression noticed on admission; the thirst is nearly gone; can swallow a little better, and speaks when spoken to; complains that the pain is not quite gone from the epigastrium. Bowels confined. To have an aperient draught. Omit frictions.

30th—A marked improvement this morning; can open his mouth a little and swallow occasionally during the night; spasms declined in intensity and duration, occurring slightly about every three or four hours. He appears quite easy and in no pain. Ordered arrow root and 4 oz. of wine. From half-past 9 a.m., to 3 o'clock p.m., there has been but one very slight recurrence of the spasms. Though weak, he appeared to be getting on well, being quite free from pain and spasms, but at 10½ same evening, he was suddenly seized with violent pain in the chest, and difficulty of

breathing. Respirations rose to 60, pulse 160 in the minute. From this period he continued to sink, and died comatose at 12½ a.m. There was no post mortem examination.

Remarks.—In the preceding case, which was one of an unusually severe character a few circumstances may be noticed:—

1st, The severity of the spasms, which in idiopathic tetanus, are generally of a milder description, declining in severity as the paroxysms recur.

2nd, This form of tetanus not being, generally speaking, fatal, and apparently more amenable to treatment.

3rd, The amendment which took place was evidently owing to the effect of the mercury, and solely to its external employment. The leeches did not appear to give the slightest relief.

4th, The length of time, (nearly nine days) that the system was unsupported by nourishment.

5th, Death occurring by coma, which forms the exception in tetanus. In any of the fatal cases that I have seen, death seemed to take place from apnœa, or from an apparently sudden sinking of the entire system.

ART. V.—*Observations on Tumors.—Cystic Sarcoma of the Neck, successfully removed by extirpation.* By E. Benzel Sparham, M.D., Brockville, C.W.

The subject of Tumours must ever be one involving much interest, not only from the frequency of their occurrence, their varied characters, the situations they may occupy, but also from the obscurities with which they are oftimes veiled. That they are abnormal adventitious growths, arising from a blastema, the product of perverted or diseased nutrition, becoming benign or malignant, and exhibiting their variety of character according to the peculiar idiosyncracy of the patient, and the nature of the parts with which they may be associated, seems to be the established doctrine. Thus the lymph or blastema, may, if the blood be healthy, form a simple tumour, which, if arising from adipose tissue, may be of an adipose character. If, on the other hand, there be congenital or hereditary taint, or impairment of the vital energies from any cause, it may be converted into a malignant growth, become scirrhus, medullary, colloid, or melanotic. So also, if the person be of a scrofulous diathesis, the tendency to strumous deposits will be increased.

Microscopic researchers are fast elucidating many points, hitherto but little understood, leaving even strong evidence that tumors are capable of changing almost completely their original characters. In the lymph exuding from the capillaries, the cells, or cytoblasts of early developement, may pass into the encysted form, and ultimately during its progress, assume other characteristics, as a combination of sarcomatous

and cystic, and cystic and adipose. Advancing in metamorphosis, it may be converted into a solid production.

Dr. Wm. Budd, I find, has lately advocated that cancers even, are at first of a local character, and not the effect of a constitutional disease. If removed, therefore in this incipient stage, before the system becomes contaminated and the cancerous cachexia is established, they would be far less liable to return, or leave seeds of future growth elsewhere. But all surgeons, even those believing them to be hereditary or constitutional, have long since agreed upon the propriety of early extirpation. But whatever may be their true pathology, it would lead me into a discussion of unjustifiable length, to pursue it further at present. To distinguish readily which are malignant or otherwise, is often a difficult and important question. And as patients are naturally disposed to put off the evil day, with the hope that one time will do as well as another, there is much danger of its being deferred too long. Slowly and insidiously those which are prone to degenerate, may render the operation either worse than futile—the original malady recurring with renewed and lethean vigor—or, though successful, far more formidable, to both patient and surgeon. Even if of a harmless nature, its approximation to important vessels, its complications, and perhaps its stronger adhesions, may render the delay the more hazardous. There are some, however, so benign, that if their size be unimportant, their removal may be left optional with the patient, as nothing worse than deformity need be apprehended. Where so much, therefore, depends on the variety, stage, situation, size, and progress, it may be said with Fergusson, "Operations for the removal of tumors may be amongst the most simple, or the most difficult and dangerous which the surgeon is ever called on to perform. The smallest possible amount of skill or manual dexterity may suffice in one instance, whilst in another, anatomical knowledge, facility in the use of instruments, judgment to plan, and courage to execute all the steps of the operation, are indispensably necessary." We should, therefore, feel it more forcibly incumbent upon us, foreseeing the eminent peril of delay in some cases, to duly warn the patient of the consequences. The haphazard charlatan methods, so applauded by ignorant nostrum worshippers and so often finding deluded victims in the country, of attempting to drive them indiscriminately away, thereby prolonging the agonies of a patient, as well as enhancing his dangers a thousand fold, cannot be too strongly discountenanced by the scientific surgeon.

This introduction may, in many respects, seem completely out of place, and foreign to the individual case which follows, but the history of that case so impressed me at the time, that the above train of ideas, heterogeneous though they seem, were forced upon me.

My patient, Alice Taylor, a very pretty and interesting little girl, of

eight years, (born of healthy and robust parents, the mother, however, somewhat of a lymphatic temperament), presented soon after birth a small swelling on the neck. I could obtain no precise account of its mode of origin. On inquiring for a history, I ascertained that in gestation of this child the mother suffered from extreme mental depression and anxiety, took sick soon after its birth, and did not recover for six weeks, during which period, the child did not receive the attention requisite. She herself nursed the infant during her illness. Was always a more delicate, nervous, and fretful child than the others. First discovered the tumour when the infant was about three months old. She consulted various practitioners at different times, each of whom gave a version of the case different from that of the others, and suggested for its cure, the adoption of a plan peculiar to himself. It would be profitless to enumerate them, as the plans, when followed, turned out to be quite ineffectual, casting in their train more or less doubt on the correctness of the accompanying opinions. Two of them, however, are so peculiar, I cannot forbear selecting them for a passing notice. In the one, codfish-skins moistened constantly in a strong solution of chloride of sodium, were kept constantly applied for a period of six weeks, at the expiration of which time the tumor broke and discharged, but shortly afterwards it returned, the breach having quickly cicatrized. The other adviser, who had frequently seen the sure and certain means proved, recommended the no less revolting and superstitious relic of the darker ages than the application of the hand of a dead person to the tumour. How long she had to wait for so grim and appalling an opportunity, I am not prepared to say. Thus several years were passed away in fruitless endeavors to remove it, by means more congenial than those which art takes up as a last resource. But one spoke of an operation—which, however, he feared, could not be easily accomplished from the close attachment of the tumour to the "chords of the neck."

It is difficult to trace the progress of the tumor, commencing at the period formerly named, it was found to be half an inch in diameter, when the child was nine months old, and to have acquired double this size, when two years old. It was then moveable apparently superficial covered by healthy undiscolored skin, and not causing pain. This also was the time when it was made to inflame and ulcerate. Having recovered from these severe morbid actions, the solutions in its continuity were healed, and again as a tumor it slowly and gradually enlarged, projected and became more diffused, its border becoming less clearly defined, and at the time I saw it could only be moved with considerable difficulty, seeming to have a deep root in and strong adhesions to the parts beneath. It, however, preserved its original characters as they have been stated above.

The tumor I excised, on the 28th ult., assisted by my brother Dr. E.

Bayard Sparham, was situated upon the side and slightly upon the dorsal aspect of the neck. In a line drawn from the internal border of the mastoid process of the occipital bone to the centre of the supr. edge of the scapula, lay deeply embedded between the sterno-mastoid and trapezius muscles, also upon and slightly overlapped by the splenius cap. and lev. ang. scap. The anterior portion of the tumor closely approximated the carotid artery, while the posterior reached the transverse processes of the vertebra. Was over three inches in length by two in breadth and thickness.

Having every thing in readiness, and the girl in the proper position, I put her under the influence of chloroform. The steps of the operation, I need not detail. The tumor was of the encysted variety, but having evidence of an adipose nature; the latter occupying about one-tenth of its capsule, the remainder being densely fibrous and intersected within by many bands giving it the appearance of containing a variety of cysts. These were readily communicable with each other, and were filled with a liquid resembling venous blood. The adhesions were very strong, and the attachment of the condensed cellular tissue to the surrounding parts, with no little difficulty separated. A few small arteries were divided during the operation, which required the ligature. To two or three minor ones, we adopted torsion. One of the muscles upon which the tumor lay, seemed to be extremely vascular. The little girl readily got over the effects of the chloroform, and the wound is healing admirably. Having made so many prefatory remarks, and given a full description of the case, I will now conclude, leaving it to present its own deductions.

Brockville, May 9, 1853.

REVIEWS & BIBLIOGRAPHICAL NOTICES.

I.—*A Practical Treatise on Disease of the Skin.* By J. Moore Neligan, M. D., M. R. I. A., &c. Pp. 334. Blanchard & Lea, Philadelphia. B. Dawson, Montreal.

Dr. Neligan is favorably known to the profession as a writer. His work entitled "*Medicines; their uses and mode of administration*" has passed through two editions, and is an admirable text book of Materia Medica. He is the author of an excellent monograph on eruptive diseases of the scalp, and was associated with that distinguished Physician, the late lamented Dr. Graves, in bringing out the second edition of his "Clinical Medicine." After a careful perusal of the work, the title of which stands at the head of this article, we can confidently state that it will add to his reputation as a writer, and accurate observer.

There is probably no group of diseases, in which the importance of a

classification, at once correct and easy of comprehension, is so manifest, as in those which form the subject of the treatise under review. We have said *correct* classification, as, unfortunately, *incorrect* nosological arrangements have done more to establish and perpetuate erroneous opinions of various morbid states of the body, than any other single cause with which we are acquainted. Up to the latter part of the 16th century much confusion existed in this department of dermatology. The attempts to arrange diseases of the skin in some kind of order, made previously to this time, were few and exceedingly imperfect. Nor was the *topographical system*, proposed by Girolamo Mercuriali, the Paduan Professor, and published in 1623, calculated to remove the uncertainties in which the subject of cutaneous diseases was involved. It was, however, a step in the right direction. By this system, all diseases of the skin were divided into those which had their seat on the scalp, and those which affected the general surface of the body. A classification simple enough, but obviously open to serious objection. It was adopted afterward, with modifications, by Turner, and subsequently by Alibert. The latter, however, soon threw it aside, and proposed in its stead the elaborate classification with which his name stands connected. About the same period, the beginning of the 17th century, Willan published his *artificial system*, which, for simplicity and conciseness of arrangement, and the facilities it afforded to the profession to acquire a proper knowledge of cutaneous affections, far surpassed the more pretentious *natural system* of his learned contemporary. To Professor Plenck of Buda, Willan was indebted for the idea of arranging those affections in groups, determined by their character and external appearances. Plenck divided them into fourteen groups or orders: Willan into the following eight: 1 Papulæ ; 2 Squamæ ; 3 Exanthemata ; 4 Bullæ ; 5 Pustulæ ; 6 Vesiculæ ; 7 Tubercula ; 8 Maculæ.

Dr. Neligan, in common with the great majority of modern dermatologists, has adopted the Willanean system as the basis of his classification. He makes ten groups :—1 Exanthemata ; 2 Vesiculæ ; 3 Pustulæ ; 4 Papulæ ; 5 Squamae ; 6 Hypertrophiæ ; 7 Hemorrhagiæ ; 8 Maculæ ; 9 Cancrodes ; 10 Dermatophytae ; and adds "two supplementary groups, Syphilides, and diseases of the appendages of the skin." It will be seen that Doctor Neligan omits the fourth and seventh orders of Willan, and introduces four new ones. He adopts from Rayer's classification the appellations Hypertrophiæ and Hemorrhagiæ. In the former order he includes, with the diseases which Willan, Gibert Cazenave and others place under the caption of Tubercula, those affections which Mr. Erasmus Wilson, in his excellent natural system, arranges in a group under the designation of "Hypertrophy of the Papillæ of the Derma." Purpura is the only disease in the order Hemorrhagiæ. As Purpura is essentially a blood disease, of which the sub-

epidermal hemorrhagic spots and effusions are mere indications, it might, we conceive, be removed entirely from the group of cutaneous diseases. We feel the more surprised at Dr. Neligan having retained it, creating at the same time a special order for it, from the fact of his having excluded small pox, measles and scarlatina from the exanthemata, because, " to consider them still as diseases of the skin, is directly opposed to the advanced position of modern pathology, and can only tend to diffuse incorrect ideas as to their essential nature" (p. 24.) Moreover, the objection which he offers to the admission of " the frambœsia or yaws of South America and of the Coast of Africa, the radesyge of the North of Europe, and the pellagra of Italy and of Austria," into the catalogue of skin diseases, applies with equal force to the disease called purpura, viz: that they are constitutional affections, of which the eruption " is a concomitant symptom, and as regards the peculiar affection, is but secondary, and more or less unimportant."

" The order Cancrodes contains those diseases of the skin in which many of the features resemble cancerous affections. It contains two genera: Lupus, Kelois."

The establishment of the remaining order was rendered necessary by the facts which modern microscopical investigation into the pathology of skin diseases has brought to light. The term dermatophytae originated with Dr. Hughes Bennett, " It includes those diseases of the skin which depend on, or are characterized by the presence of parasitic plants. It contains two genera: Porrigo, Sycosis."

Having now examined, as fully as our space permits, the very important subject of classification, we shall pass on to the review of some of the individual diseases. Two opinions, as to the essential character of Erysipelas, have, for some time, divided the medical world. One class of writers contend strongly for it being considered a *sthenic* disease; whilst the other class assert as strongly, that it is an *asthenic* affection.—This difference has led to the recommendation of treatment of the most opposite and contradictory character. The question, then: which is the correct idea? becomes an important one. We cannot agree with Dr. Neligan that, because the opposite plans of treatment have been attended with success, constitutional treatment must, of necessity, be " of little importance." We are rather more inclined to regard constitutional treatment, as of great importance, and to refer the difference of opinion and success of treatment to other causes. It will be found, on enquiry, that the great majority of practitioners in the present day, do not follow out a routine plan of treatment in this disease; that, although they may find a certain class of remedies more frequently indicated, from the effects of local modifying causes on the disease, they nevertheless, are occasionally obliged to have recourse to other and opposite kinds of treatment; which

kind of treatment on the other hand, may be demanded in the majority of cases, occurring at places distant from the scene of their own labours. Independently of the "general type" of diseases being, at present, adverse to powerful depletory measures, the habits and pursuits of those who live in towns induce a "constitution" not tolerant of antiphlogistics. We observe, therefore, that most modern writers recommend mildly antiphlogistic treatment to be adopted under certain circumstances; but tonic and stimulants to be administered, as a general rule. The constitutional treatment which we have seen most successful in this city, is that recommended by Mr. Albert Walsh, viz: tartar emetic in minute quantities—one grain, in divided doses, during the twenty-four hours; administering tonics and stimulants, and omitting the tartar emetic, "as soon as we find the erysipelatous surface to be getting a yellow tinge, the tongue cleaning, and the pulse becoming more frequent."

Dr. Neligan mentions the treatment proposed by Mr. Hamilton Bell of Edinburgh :—20 to 25 drops of the tincture of the sesquichloride of iron, every second or third hour. "When erysipelas is spreading rapidly, although superficially, over the cutaneous surface, the inflammation still persisting in the parts where it first appeared, inunction with mercurial ointment has," says our author, "in my experience more effect than any other local application in checking its progress. The ordinary mercurial ointment, to every ounce of which a drachm of glycerine has been added, should be smeared thickly over all the inflamed surface, and on the sound skin for a considerable distance beyond; it need be applied only twice in the twenty-four hours, and if any symptoms of salivation be produced, its employment should be at once stopped." (p. 47.)

We consider the tincture of Iodine, first recommended by Dr. Craw of this city, as good a local application as any other.

There are few affections which are so intolerable, absolutely rendering the life of the unfortunate patient miserable, as those distinguished by a hyperæsthetic condition of the skin. Prurigo when situated on some parts of the body, as the *pudendum* of the female, gives rise to symptoms of the most distressing nature. Frequently it resists all forms of treatment. Dr. Neligan has found that, "when prurigo has lasted for any time, or has resisted other plans of treatment, more active medicines of the class which especially influences the nervous system should be prescribed: nux vomica or its alkaloid, and tincture of aconite, thus often prove useful; the former has succeeded in my hands when all other remedies seemed to fail; it may be given in the following form, a combination which will be found to promote a healthy condition of the digestive organs, and to correct the loss of tone which they exhibit usually in this disease. ℞ Extracti Nucis Vomicæ, gr. iii; Fellis Bovini Inspissati, gr. vi; Extracti Taraxaci, gr. xxiv; Pulveris Myrrhæ gr. xviii to be made

into 24 pills; "one to be taken three times daily." (p. 165) The tincture of aconite should be given in the ordinary doses, from two to four minims of Flemiug's tincture, and its effects carefully watched." His favorite local application is chloroform in the form of ointment. "In very obstinate cases the chloroform may be combined with the Iodide of Lead, as follows:—R Iodidi Plumbi, gr. xii; Unguenti Cerae Albae, ʒi; Chloroformi, m viii ad xii; Glycerinae, fl ʒi; Misce." (p. 167.)

Psoriasis and Lepra, he properly regards as one and the same disease. There is probably no cutaneous affection, scabies excepted, of more frequent occurrence in Canada than this scaly disease. Its inveteracy, occasionally resisting every description of treatment, is well known. Statements, then, from good authority, holding out prospects of aid from new remedies, or new combinations of remedies that have been already employed, are entitled to our earnest consideration. Dr. Neligan still entertains the opinion which he expressed in 1849, regarding the inappropriateness of the exhibition of mercurials in this eruption. "From my own experience" he says, "I do not think that mercurial preparations in any form are generally applicable for scaly diseases, except in the local forms appearing in children, and I have not unfrequently seen their use followed by an aggravation of the symptoms. I have consequently, for some years back, substituted for Donovan's solution a compound in which mercury is replaced by the iodide of potassium; this mixture may then be termed an *Iodureted solution of the Iodide of Potassium and Arsenic;* it is prescribed in the following form:—R Liquoris Arsenicalis, m lxxx; Iodidi Potassii, gr. xvi; Iodinii Puri, gr. iv; Syrupi Florum Aurantii, fl ʒ ii. Solve. Forty minims may be given three times a day in simple water, or in any tonic or diaphoretic vegetable infusion or decoction, as individual circumstances may indicate, and the dose gradually increased to eighty minims. In cases in which from any reason it may be advisable not to prescribe arsenic, the Fowler's solution can be omitted from the above mixture, and unless in the inveterate forms of the eruption, or when it has been of very long standing, the iodine preparations, should in the first instance be tried alone." (p. 185.)

M. Cazenave has lately recommended the carbonate of ammonia in doses of about two and a half grains from one to three times a day. When it occasions diarrhoea, preceded by head-ache, lassitude, colic, &c., its use is to be suspended for a few days.

Oil of turpentine, first introduced by Dr. Nicholl into the treatment of purpura, was strongly recommended by our author in an essay published by him in the 28th vol. of the first series of the "Dublin Journal of Medical Science." His "additional experience," acquired since then, "is fully confirmatory of the views then propounded. It must be given in doses sufficiently large to act as a purgative—from one to two ounces ac-

cording to the age and strength of the patient for adults, and a proportionate dose for children. I prescribe it, combined simply with mucilage as in the following form:—*R* Olei terebinthinæ fl ʒ i; mucilaginis, fl ʒ i; aquæ menthæ piperitae fl ʒ iss. Misce. Fiat haustus. This draught may be taken once or twice daily, according to the degree of its action on the bowels; and should there be much hemorrhage from the intestinal canal, or the stomach reject the draught, the same or a larger quantity of oil of turpentine, suspended by means of the yolk of an egg in decoction of barley, may be administered as an enema. * * * Should there be extreme debility present, preparations of iron—those which are astringent being preferred—or other tonics, may be administered conjointly with the turpentine; but on the other hand, when there is much vascular excitement, or general plethora, bleeding or other evacuants should be had recourse to at the same time that it is prescribed," (p. 235.)

There are many other points in this excellent treatise that we would like to bring before our readers. We must, however, refer them to the work, which we can fully recommend as a complete practical exposition of those diseases of which it treats.

II.—*What to observe at the bed-side and after death in Medical Cases.*—Published under the authority of the London Medical Society of Observation. p p. 296. Philadelphia, Blanchard & Lea. Montreal, B. Dawson.

The society, under whose auspices the above work has issued from the press, was established in London in the year 1850. The objects of the society, as they are set forth in the laws appended to the volume which lies before us, "are to promote the advancement of accurate Pathology and Therapeutics, by clinical and allied investigations, the value of which shall be estimated by the numerical method; and to exhibit the special advantages which may accrue to the science of medicine, by the co-operation of several persons working on a uniform plan towards the elucidation of given medical questions"

The majority of the present members are eminent Physicians, and well-known in the medical literary world. The names of Walshe, Beck, Jenner, Ballard, &c., &c., are, in our opinion, a complete recommendation to a work purporting to direct the student and practitioner "what to observe at the bed-side," &c. The work is divided into two parts. Part 1 refers to the "Clinical examination of a patient." It has four sections:—1. The personal description and peculiarities of the patient in health. 2. The previous history of the patient. 3. The course of existing disease prior to the patient coming under observation. 4. Condition of the patient at the time of observation." Each section has divisions, some of which, are, in their turn, sub-divided. For in-

stance, in the second section, are included, " A. Hygeia; B. Previous general health; C. Previous sexual condition; D. Family history of patient." The points to observe, arranged under Hygeia, are " Parentage, infantile management, place of birth or former residence, present residence, trade or occupation, food, drink, clothing and firing, cleanliness, exercise, sleep, study, medicines, habitual use of narcotic drugs, peculiar habits, venereal indulgences." Part II. refers to the " Examination of a body after death." It has two sections:—1. Points to be ascertained and noted prior to commencing an examination. 2. Points to be noted during an examination."

To the student desirous of forming correct and systematic habits of observation at the bed-side, this work will be of the greatest assistance. To the physician it will, without doubt, " be a useful remembrancer."

CLINICAL LECTURE.

Clinical Lecture on Laryngeal and Throat Affections. By R. B. Todd, M. D., F. R. S., Physician to King's College Hosp. (Condensed from Medical Times and Gazette.)

Laryngeal disease is greatly influenced by diathesis in its origin and in its duration so that in the strumous and gouty it is shaken off with difficulty, indeed, some times not at all. One of its most formidable forms, less frequent now than formerly is the inflammatory or membranous croup—a disease characterized by the rapid formation of a false membrane or layer of coagulable lymph that moulds itself to the interior of the larynx and will extend down the trachea even into the bronchial tubes: its pathology is not settled, it is peculiar to childhood for some unknown reason, but it is less often associated with peculiarity of diathesis than other Laryngeal diseases. The adult is liable to a disease somewhat like it in being accompanied by a membranous exudation, but it is called Diphtheritis, and affects the pharyngeal rather than the laryngeal membrane, and is a malady in close alliance with Erysipelas.—Can it be that the cause and pathology of croup and diphtherite are alike? This is a subject for careful investigation, the more so, as the treatment of croup is far from satisfactory. The scrofulous or tubercular are liable to a peculiar form of Laryngeal disease (Phthisis Laryngea) which is usually associated with tubercular deposits in the lungs. The syphilitic cachexia often causes laryngeal disease, generally chronic, but sometimes exhibiting very acute and urgent symptoms. These two forms may be confounded with each other. The erysipelatory poison is very prone to attack the mucous membrane of the Fauces from which it may extend forwards to the face and head through the nostrils or downwards into the larynx—erysipelas of the larynx is apt to induce acute œdema of the submucous areolar tissue by which the rima glottidis is encroached upon and the difficulties of a severe and rapid dyspnœa superadded to the depressing influence of the erysipelatous poison speedily destroy life. To these affections may be added a chronic inflammation

of the mucous membrane akin to that condition of the throat so apt to occur in clergymen frequently described as a relaxed condition with considerable enlargement of the mucous follicles: it is not destructive to life nor to the tissues, often connected with the lithic or gouty diathesis, also frequent in debilitated states of the system from various causes; it is sometimes associated with a peculiar state of the nervous system, a form of Hypochondriasis.

I shall illustrate to-day Phthisis Laryngea and the affection last referred to.

A delicate girl of 18, whose mother and sister both died of phthisis, was admitted with phthisis laryngea, a disease which is badly named, as I believe it never occurs without the presence of tubercles in the lungs and is not limited to the larynx as you might suppose. In some cases the laryngeal symptoms are the first to show themselves, and which from being slight, a hoarseness and cough, may be referred to exposure to changes of temperature. In other cases the symptoms of phthisis precede the laryngeal; in the present instance the laryngeal appeared first, and at an early period might have been viewed as simple laryngitis. She said that some months previously, soon after exposure to cold and wet, she had a feeling of soreness about the throat, followed by hoarseness and loss of voice, accompanied with dry suffocating cough and severe pain in the larynx.

Pain referred to the larynx is so constant a symptom as to be seldom entirely absent; usually it causes great distress. The affection of the voice depends upon the seat of the disease, it is trifling, probably, if the epiglottis and adjacent folds of membrane only are involved and most severe the farther down the inflammation extends, varying in severity according to the extent to which the ventricles of the larynx, or the vocal cords are involved.

She soon became subject to difficulty of deglutition—she was unable to swallow any solid food, even the passage of liquids caused much pain, with a choking sensation and the food was often forcibly ejected from the mouth in the effort of deglutition and much of it passed through the posterior nostrils. Dysphagia is to be regarded in a serious light, for when it occurs from disease of the larynx, the epiglottis or the arytœno-epiglottidean folds of mucous membrane, but especially the former, are affected, and it is greatest when the epiglottis is so swollen or irritable that the actions necessary for deglutition are impeded through a mechanical obstacle, or through extreme sensibility of the surface of the mucous membrane, preventing perfect opposition of the root of the tongue to the glottis, on which perfect closure of the glottis, and consequently perfect deglutition depends. The importance of this perfect apposition is shewn by Magendie's experiments, when after removal of the epiglottis, deglutition was not interfered with. The nature of the dysphagia is peculiar; it is not often extremely painful, nor is the actual effort difficult, but it is of an inverted kind; when the epiglottis is swollen and rigid, the attempt to swallow is followed by great irritation of the glottis, and by a powerful expiratory effort by which the food or fluid is ejected upwards partly through the mouth, and partly and most painfully through the posterior nares—when this kind of dysphagia occurs with other signs of laryngeal disease it is always an indication of a diseased state of the epiglottis and points directly to the larynx as the seat of disease.

But to proceed with the case. Since her attack she had lost much flesh and had had night sweats—experienced pain between the shoulders, and her breath has been gradually getting more and more short.—She never spat blood. As winter came on the pain increased, she lost her voice, she could only whisper, and her breathing became stridulous, a symptom directly pointing to the larynx either as primarily or secondarily diseased, it never disappeared and was so loud and peculiar as to arrest attention upon entering the ward. She also suffered from a troublesome hacking cough with expectoration of a greenish mucopurulent matter—her deglutition got worse and she swallowed even very small quantities of liquids or solids with great difficulty and pain.

The first question which proposed itself for our consideration, was whether the laryngeal symptoms arose from disease of the larynx, or from the pressure on the left recurrent nerve of some intra-thoracic tumor as an Aneurism.

The Aneurisms which usually cause such pressure are small globular dilitations of the vessel occurring about the bifurcation of the trachea.—Some years ago I met a case of this kind which exhibited all the chief symptoms of Chronic Laryngitis. There was great emaciation, stridulous breathing, dyspnœa with chronic cough, hoarseness, and pain referred to the larynx. She died soon after admission, probably from exhaustion brought on by moving her, and before thorough examination could be made. At the autopsy an aneurism was found just behind the bifurcation of the trachea, which pressed upon the left recurrent nerve so forcibly as to cause complete obliteration of the nerve tubes, hence these muscles supplied by it were completely paralysed, small, ill-nourished, and shrivelled. In another remarkable case the precise nature of which during life was doubtful, the man had symptoms clearly referrible to the larynx and trachea. He had violent irritative cough, and the expectoration was bloody, but the voice was only slightly affected and the breathing was not stridulous. He died suddenly by hæmorrhage, and a little above the division of the trachea was seen a small perforating ulcer which had incidentally been made by the pressure of an aneurism of the arch of the aorta against the trachea.

How then are we to diagnose inherent disease of the larynx from that simulated by a distant lesion? Symptoms alone are not to be trusted to—these, as we have seen, are common to both, you must add to their examination, inspection with the finger which alone will often enable you to decide. With the forefinger of the right hand you will generally be able to reach the epiglottis with great ease and you may often feel its laryngeal surface and the arytoeno-epigottidean folds. When the epiglottis is much thickened, it is more or less rigid with rounded edges or so swollen as to be like a small ball between the tongue and larynx.—The mucous covering of the epiglottis when diseased feels uneven or rough, or hollowed into small pits with irregular and perhaps callous edges. Generally, when the mucous membrane of the larynx is chronically inflamed that of the fauces sympathizes, and by looking into the mouth its injected state is seen. When there are laryngeal ulcers, there is usually some purulent expectoration; if they be syphilitic, it is derived wholly from the larynx, but if they be tubercular a part of it may come from the lungs. In Phthisis, expectoration is only met with during softening of the tubercles, there being none while they are crude. If the laryn-

geal symptoms proceed from an intrathoracic tumor the fact may be evident from a bulging of some part of the chest ; if there be none such, and the tumour be small and placed near the division of the trachea the diagnosis is difficult and is for the most part of a negative kind. The want of laryngeal pain and purulent sputa points to the chest : so also the kind and degree of dysphagia it being seldom so great or prominent and consists in a feebleness and difficulty in using the muscles, while the passage is quite unobstructed, whereas in laryngeal diseases the dysphagia is obstructive so to speak, the food is apt to go the wrong way and sputter back into the mouth and nares. In aneurism the respiratory movements are more hurried and otherwise impaired than when the larynx only is affected although air passed freely into the lungs or the greater part of them. In laryngeal cases the dyspnœa arises from the want of air and depends upon the amount of narrowing of the glottis impeding the passage of air to the lungs. Auscultation indicates in laryngeal disease feeble breathing and faint respiratory murmur which are uniform if there be no tubercular deposit ; in intra-thoracic tumor general rhoncus accompanying a paroxysm of dyspnœa, or if the tumor press on one bronchus more than on another the rhoncus will be greatest on that side or the sounds of breathing most feeble, as less air enters into its lung. In the present case we had no difficulty in coming to a conclusion the tubucular diathesis being well marked both in the patient's history and by physical signs, moreover her age was against the presence of aneurism—an important adjuvant—for aneurism seldom occurs before the age of thirty.

In our patient it was a question at first whether the disease was syphilitic or tubercular. But there was no history of syphilis ; no symptoms and no marks of syphilis, while there could be no doubt of the existence of tubercle, as we have formerly shown. The physical signs were dulness of the upper part of the left side of the chest on percussion both in front and behind. Here the breathing, though very feeble, was distinctly tubular, and increased resonance of voice, at least so far as the sign could be depended on in a case where voice was at a minimum ; on the right side over the apex of the lung were rhoncus and some crepitation.

From these data we set the case down as one of tubercular disease of the lungs, in which there was a chronic thickening of the mucous membrane of the larynx and epiglottis, and probably ulceration in or near the ventricles of the larynx, impeding the movements of the chordæ vocales. Although in laryngeal cases the precise seat of the disease can be assigned generally, we cannot always predicate its particular nature, which may sometimes be merely thickening, at others ulceration of the mucous membrane. I know of no definite sign of ulceration, but it exists in most cases connected with pulmonary phthisis, and probably always, if there be blood and pus in the sputa : tubercular ulcers appear to be formed by irritation and inflammation, consequent upon tubercular deposit in the follicles of the mucous membrane ; though Louis holds they may be caused simply by irritation from the contact of the tubercular matter spat from the lungs ; and this seems to be supported by a fact I have more than once noticed, that only the bronchus leading from the lung in which the tubercles were softened was ulcerated, while the opposite was healthy as long as the

tubercles were crude in the lung from which it led, owing, no doubt to the passage of sputa along the one, and not along the other.

In our patient we inferred there were crude tubercles in the left lung, softening tubercles, and possibly a small cavity in the apex of the right. I thought the larynx might be affected with aphthous ulcers, very similar to those so common on the tongue and fauces. The mucous membrane of the epiglottis felt much thickened, and no doubt that of the lips of the glottis was in the same state, so as to narrow the chink very much. On the epiglottis, particularly its laryngeal surface, I thought I could detect a number of small ulcerations, these would readily increase the dysphagia and pain be suffered as things passed over them. The mucous membrane was so irritable that the attempt to swallow liquids was followed by the ejection of a great part through the posterior nares.

The symptoms did not vary much in the further course of the case. Treatment was of very little use, we only attempted to uphold the strength with nourishing food, and relieve the distressing pain and irritability of the throat, which prevented sleep, by giving small doses of opium at night. The extreme irritability of the larynx was temporarily relieved by applying to the epiglottis a strong solution of nitrate of silver by a sponge tied on a probang, and allowing some of it to trickle down into the glottis.

The dysphagia and dyspnœa increased, the vomiting persisted so that she could not take much nourishment. The exhaustion increased, and she was gradually worn out, death having been preceded by convulsions.

In the upper lobe of the right lung was a cavity the size of a filbert, filled with pus; the rest was infiltrated with tubercle. In the upper lobe of the left lung were crude tubercles, so that tubercular disease was not far advanced. As you may now see, there were numerous aphthous ulcers on the mucous membrane of the ventricles, chordæ vocales, and laryngeal surface of the epiglottis. The mucous membrane covering the epiglottis and upper part of the larynx was much thickened, and the glottis very much contracted.

Of the frequency of ulceration in different parts of the air passages, Louis states that of 71 cases it occurred in the trachea in 31, in the larynx in 22, and in the epiglottis in 18.

The next case for notice is one of a very common affection of the fauces and the larynx very manageable and therefore more deserving of attention. It is that of the man Osborne who has considerable hoarseness, a harsh irritative cough with slight mucous expectoration not at all proportioned to the violence of the cough. The mucous membrane of the fauces had a dusky red blush and a number of red points which are the follicles enlarged and swollen, it appeared generally very lax and the uvula was more or less elongated: in some the uvula is so long as to reach the glottis and excite cough. The inflammation upon which this depends never leads to the formation of lymph or pus; it may, however, run into slight oedema, but this is rare; it is not always confined to the pharynx but often extends to the larynx or trachea, and even into one or more bronchi. It is very common in gouty men and women of relaxed habit, negligent of their health: they often get attacks of hoarseness and catch cold upon the slightest exposure and even without any apparent cause. The hoarseness remains long after the other symptoms have disappeared in spite of treatment, accompanied with a cough which is

very harrassing. Persons thus affected are often treated for bronchitis and take large quantities of expectorant and other cough medicine, the real seat of the diseases being over-looked. Examine the lungs and you will find them quite sound, the bronchi free from irritation, look into the fauces and they appear as I have described them. By the character and concomitants of the cough you may distinguish this affection : it is highly irritating, he coughs with all his might to dislodge something which irritates the fauces or larynx and upper part of the trachea. The sputum is very trifling a little saliva and mucus, (throat and nasal) in London often mixed with sooty matter, the quantity infinitely small compared with the vehemence of the cough. The cough is always excited and aggravated by exposure to air, it is often particularly troublesome when the patient first goes to bed either from change of temperature from warm to cold, or from the assumption of the horizontal position the uvula dropping upon the glottis.

Cases of this kind are most rife during the cold winter months and in the early spring when the cold north or east winds prevail.

With regard to our patient he was a hard working man with somewhat of the lithic acid diathesis. Three years ago he was in hospital with several hard tumors the size of marbles, whether they were syphilitic or not was very doubtful, but they disappeared very quickly under Iodide of Potassium. Early this winter he got a cough from exposure to cold air on his return home after working hard all day in a close room.— The cough became irritative and obstinate, resisting the usual remedies. On examination there were no indications of bronchial irritation but the fauces presented the look already described.

I treated him with the local application of solution of nitrate of silver (℥ss to ℥i) the plan of Dr. Green of New York. The sponge must be applied to the glottis, to do this requires a good deal of steadiness and expertness for as it passes in, it excites a great irritation and in the withdrawal, it is partly arrested by the muscles of the larynx by which we know it has not passed into the œsophagus. The application was continued for three weeks every morning either to the glottis or to the neighbouring mucous membrane and chiefly from this and partly from his avoiding exposure to the cold air, he then left the hospital very much relieved.

We have here a good example of that particular affection of the throat and mucus membrane of the larynx which is not benefited by the taking of any drug but which is almost always relieved by the local application of nitrate of silver, sulphate of copper, or even simple astringents.

This treatment has been long known to practical men in this country and was long ago practised by the late Mr. Vance of this city. Dr. H. Green passes the sponge into the glottis, but this procedure is not wholly devoid of danger and has no proportionate advantages, it is quite sufficient in most cases to pass it down to the glottis and swab well about its neighbourhood and sometimes you will thus do more good and cause less irritation.

For some years I have been in the habit of applying the solid nitrate of silver to the mucous membrane of the fauces, the velum, uvula, the pillars of the palate, and it may be brought very near the laryngal membrane by sliding it some way down the posterior pillars. By this plan, results may be obtained quite as satisfactory as by pushing the probang

into the glottis and in many instances more so, and it is on the whole safer and more manageable.

A modified portecaustique by Mathews of Portugal street, useful for this purpose has a case of platina for containing the caustic; this moves on a ball and socket joint, and may by that means be fixed at any angle: its handle is constructed in telescope fashion and may be drawn out to any length than can be required.

Great caution must be observed in using nit. silver, if applied too freely it causes too much inflammation and ulceration. In some cases indeed this cannot be avoided but with due care they need never be so much as to be troublesome and very often they are salutary. I always make the patient gargle very frequently with the coldest water, iced if it can be had, for some hours after the application: by those means inflammation is limited and the parts strengthened. If time permitted I could detail numerous instances of the most troublesome and pertinacious coughs which after resisting the usual medicines yielded to three or four applications of the nit. of silver made as I have advised.

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

The present age has, not inappropriately, been termed "the age of journalism." Every profession has now one or more organs. Many affect to sneer at the rapid multiplication of quarterlies, monthlies, bi-monthlies, and weeklies; and the question, *cui bono?* is instantly propounded by such persons on the appearance of any new publication. We will not attempt to deny that it would be difficult in a few instances to give a satisfactory answer to this query. Journals of questionable utility are sometimes to be met with. The periodical literature of the day, as a general rule, however, is distinguished for sterling worth and excellence. As to the necessity and importance of a Medical Journal in Canada, there cannot be two opinions. A profession, numbering at present in this Province, upwards of 800 members, and receiving at stated periods important accessions to its ranks, intellectually as well as numerically, must have a medium through which its members may communicate, for mutual instruction, the results of their observations. Scattered over an immense extent of territory of diversified physical aspect and character, the medical practitioners of Canada, cannot but meet, occasionally, with diseases that are purely *endemic* in their nature; and, what is of equal if not greater interest, the modifying power of local physical causes over certain well-known affections, frequently falls beneath their notice. To carefully record these, whenever found to exist, is the duty of every physician in the country. The hospitals and dispensaries which are now established in our cities, and more particularly *individual prac-*

tice, constantly furnish cases worthy of publication—Cases rendered interesting by the presence of some anomalous features, or important as illustrating obscure points in the diagnosis, treatment, or pathology of disease. As a mark, moreover, that the active spirit of inquiry which is so rife throughout every department of the arts and sciences in other parts of civilization, is not wholly without existence in the medical world of Canada, a periodical devoted exclusively to the interests of the science of medicine, and receiving the warm support of the profession by literary contributions, and prompt pecuniary remittances, is absolutely demanded.

That there are medical men in this country of brilliant talents, and high literary and professional attainments, the columns of our predecessors abundantly prove. The decision of medical criticism abroad has been favorable to them, as many of their communications have been extensively copied into the journals of the Mother Country, and those of the neighbouring Republic. The Editors of the Medical Chronicle having received assurances of support from many of those gentlemen, and trusting that all will avail themselves of their columns whenever they have matter to record which will be interesting or instructive to their professional brethren, feel not the slightest hesitation in saying that the Original department of the Journal will be well sustained.

Whether the profession will sustain us pecuniarily remains to be seen. We have made arrangements, by which, with a moderate *paying* subscription list, the Medical Chronicle will be a *permanent* publication. We are determined, therefore, to send the journal only to those who comply with the terms mentioned on our cover. After the third issue the Editors will not consider themselves obliged to transmit the fourth and succeeding numbers to any gentlemen except those who have sent in their subscriptions. As they undertake the management of the journal, not expecting the least remuneration for the time and attention they bestow on it, they hope that few members of the profession will refuse to become subscribers; and should the receipts at any time exceed the expenditure, they intend to appropriate the surplus sum either in materially increasing the number of its pages, or, publishing it in its present form, reducing the terms of subscription to one dollar per annum.

The Medical Chronicle will contain a few new features. An abstract of a clinical lecture, selected from those delivered by eminent physicians of other countries, will appear in each number. These lectures usually embody all that is new in regard to the symptoms, treatment and pathology of the affections, which, at the time, engage the lecturer's attention. The Editors have thought, therefore, that such abstracts, although entailing a considerable amount of labor on themselves, would be acceptable to the majority of their readers. A page or two of the Editorial department will be set apart for the record of medical news

—items of intelligence, gleaned from various quarters, and which they believe will be found to include matters of great professional interest. It is their intention to publish medical reports, at regular intervals, from as many of the hospitals and public institutions as will furnish them.

And in conclusion, the Editors can only assure their readers that no effort will be wanting on their part to render the MEDICAL CHRONICLE in every way worthy of the patronage of the profession at large.

CONVOCATION OF M'GILL COLLEGE.

At a Convocation held in the University buildings, 6th May, 1853, the degree of M. D. was conferred on the gentlemen whose names with the subjects of their theses and places of abode are given below. We congratulate them on the event, and hope it is the presage to future fame and fortune. The ceremony of graduation is short and simple, consisting in the introduction of the candidates, their taking a vow "Sancto coram Deo" to continue grateful to their *alma mater*, and at no time do her an injury, to practice their professions to the best of their ability, and not without sufficient reason divulge the secrets of the sick entrusted to their keeping. They then sign the College register and each in turn is "capped" by the presiding officer being made a Doctor, while kneeling, by the authority of the University, and in the name of the Holy Trinity.

A valedictory address was next delivered by Dr. Crawford, which we have been permitted to append to this notice, it was listened to with deep attention and warmly applauded at its close.

GENTLEMEN.—I am deputed by the Medical Faculty of McGill College, to offer you their congratulations, on your having obtained your degrees of Doctors in Medicine and Surgery in the University, and I have much pleasure in thus publicly testifying to the very creditable manner you have acquitted yourselves, at your late examination. It may be satisfactory to you, if I here state, that it has not been alone from the rigid and scrutinizing examination of two hours, by the several Professors and Lecturers of the College, in the various branches of your study, that we have ascertained the amount of your acquirements; your whole course of study has been observed, and the progress you have made has become known to us, by the weekly class examinations. We are, therefore, enabled to speak with confidence, and willingly testify to your qualifications, and your just claim to the honors which have been conferred on you to-day.

The ambition which has prompted you, to aspire to the highest honors of your profession, is wise and commendable. I regret to say there are some who would desire to repress, and discourage this laudable aspiration. It is not for me to fathom their objects, it cannot be for the public good. A "little learning is a dangerous thing," even in corporate bodies, while "knowledge is power," it is a light load and easily carried.

Gentlemen, the relation in which we have hitherto stood, as teachers and pupils, has now ceased, and we have received you, as brethren, into our body. I trust that a union of feeling and confraternity, may hereafter bind us in the closest ties, and I hope the solemn pledge of attachment you have given to your "Alma Mater," may never be lost sight of.

You are now about to separate, perhaps to scatter into various, and distant parts of the globe. Already one of your number has commenced his journey to the "far west," (to Vancouver's land.) I regret that he is not now present, as none has better earned this complimentary notice—he has our best wishes for his prosperity and success. Before we part, I would desire to offer you a few words of friendly (of paternal) admonition. I have said, you have ceased to be pupils, you must still continue students. Your whole life must be one of study, of observation and reflection, whether in your closet, or at the bed side of your patient; if you hope to attain eminence, or success. The "tactus et visus eruditus" cannot be acquired without long and patient observation, and close attention. Experience is not the offspring of a day, you must keep acquaintance with the professional novelties, which you can do with ease, by means of Retrospects, Abstracts, and other periodicals, means not so abundant in former times, as they are at present.

You are now about to assume an honorable, and useful (may I not add a God-like) profession, one of many cares and anxieties, but still not devoid of gratification, and much must depend on yourselves, whether these may be frequent. I would here notice, besides your professional acquirements, there are many requisites necessary to a physician. You have now taken a solemn obligation, to practice

your profession, " Caste caute et probe," a brief but comprehensive pledge, which never should be forgotten.

The virtues of delicacy, secrecy and prudence, are absolute requisites to the physician. He is admitted freely and unreservedly into the family confidence, and on many occasions becomes the depository of matters of extreme delicacy, and necessary secrecy, perhaps upon which the happiness of the family may depend; requiring not only secrecy, but also prudence, on the part of the physician. He often has the power to heal the family breach, and restore harmony and happiness, or "minister to the mind diseased", as well as to " all the ills that flesh is heir to"; delicacy and propriety of conduct, and demeanour will ensure the respect of all that is amiable. No one requires more than the physician to bear in memory, the old adage, " a close mouth is the sign of a wise head." He who desires to make himself agreeable, or acceptable by gossip, will soon find himself feared and shunned. I would now offer a word or two, with reference to your conduct, and demeanour towards your professional brethren. We are all rivals, it cannot be otherwise.—let, however, our rivalry be carried on honorably and fairly—let us ever adhere to the golden rule.—never let the success of another excite your jealousy, nor cause you to forget your propriety. However, justly or not, the public may judge of our qualifications and claims, it must determine the question of preference, and we must submit to decision.

I must not close without noticing to you a habit which is injurious, both to health and morals, ruinous to the physician, and disgraceful to the gentleman. I mean indulgence in vinous and spirituous potations; what little dependence can be placed in the " tippler" ! how much is he to be feared in the sick chamber, where all our reasoning faculties and presence of mind, are required, where life or death may be the stakes: who can answer for the evil consequence, of this degrading vice,—sobriety is an essential requisite, to the physician, and ought to rank foremost among his virtues and the severest visitation of public opinion, should follow any departure from it.

I have no doubt you will rejoice with me, at the new era, which has now commenced in the annals of our College, and its brightening prospects, since it has been taken under the fostering care of the Royal Institution, some of whose zealous members have honored us by their presence at this ceremony. Heretofore we have struggled on, through many difficulties, and against much opposition, almost unaided, while a rival University has enjoyed a liberal support, in a large endowment, I think I may claim some merit for the Medical Faculty for having placed the College in the present enviable and much envied position. We can boast of having had numbers of Alumni from the most distant parts of the Province, even from the portals of the more favored institutions; this, I think speaks volumes for the reputation of our College—adversity is said to sharpen wit—it may have been so in our case. I trust, however, that prosperity may not cool down our zeal, nor lessen our exertions, and we may hope ere long, to see our University in a still more flourishing condition.

I have only to add my own congratulation and best wishes for your professional success and prosperity.

Benjamin Workman, of Montreal, Thesis on Scarlatina.

Adolphe Bruneau, of Montreal, on Cancer.

Stephen Duckett, of St. Polycarpe, on Apoplexy.

Colin MacDonald, of Cornwall, on Pertussis.

Richard Moore, of Bandon, Ireland, on Cholera.

The honorary degree of M. D., was awarded to Walter Henry, Esq., Inspector General of Military Hospitals, and —— Rae, Esq., the renowned Arctic traveller. Mr. Henry being present, returned thanks for this high honor in an appropriate speech happily conceived and truly eloquent which he terminated by referring to the elevated position of the University and its bright prospects.

Initiatory to the graduation in medicine, Mr. T. Brown obtained the degree of A. B., and read a latin oration followed by one in the vulgate of a farewell character.

On Saturday the 30th April, a special convocation was held to confer the degree of M. D. on Henry Atkinson Tuzo, of Quebec, to enable him to proceed to Fort Vancouver on the Columbia River where he has received a surgeoncy in the Hon. Hudson Bay Company. This gentleman's thesis was written on Pulmonary Hæmorrhage.

COLLEGE OF PHYSICIANS & SURGEONS, C.E.

The Semi-annual Meeting of the Governors of the College of Physicians and Surgeons of Lower Canada was held in this city on Tuesday the 10th May, at which the following gentlemen were present:—Drs. Morin, Sewell, Russell, Von Iffland, and Bardy of Quebec; Drs. Gilmour

and Badeau of Three Rivers; Drs. Johnston, Chamberlin, and Brigham of the Townships; Drs. Bouthillier and Wilbreiner of St. Hyacinthe; Drs. Holmes, Sutherland, Campbell, Hall, Smallwood, Peltier, Arnoldi, Bibaud and David of Montreal.

Excuses were offered from several gentlemen who were unavoidably absent.

After the usual business had been gone through, the board proceeded to examine the candidates, when the following were admitted to the practice of the profession: Benjamin Workman, M.D, Stephen Duckett, M.D.; Colin McDonald, M.D.; Thomas Blatherwait, M.R.C.S.L.; Louis B. Durocher, Joseph H. Laurandeau, John C. McFarland, James A. Grant, A. H. Paquet, Chas. F. Robinson, Wm. McBean, John Jones Ross, Romuald Tassé, H. E. Gaudette, Arthur Delisle, and J. O. Beers, as Chemist and Druggist; and the following having passed their preliminary examination, were allowed to enter upon the study of Medicine: R. T. Howden, Louis Bacon, Arthur Ricard, Moyse Longtin, Laurent Gelineau, R. F. Hendlir, Adolphe Dagenais, Theodore Robitaille, Theophile Tetu, Auguste Contant, Alexis Paré, Jas. Duncan and Ls. Trudeau.

MONTREAL DISPENSARY—SEMI-ANNUAL REPORT.

Patients admitted from 1st November, 1852, to 1st May 1853, 230: of these there have been discharged—Cured, 167; Relieved, 44; Dead, 5; for non-attendance, 3; sent into Hospital, 4, and 7 remain under treatment, 27 were attended at their own residences. Their ages were—Under 2, 20; from 2 to 8, 25; from 8 to 20, 42; from 20 to 40, 82; from 40 to 60, 47; over 60, 14.

Diseases and Accidents.

Febris Com. Cont.	8	Dysenter Chr.	1	Porrigo Favos	1
" Typhoid	1	Diarrhœa	12	Rupia	1
" Typhus	1	Constipatio	9	Scabies	1
Variola	2	Helminthiasis	8	Strophulus	1
Scarlatina	4	Ascites	2	Tinea Capitis	2
Rubeola	12	Congest. Hepat.	1	Pediculi "	2
Varicella	1	Icteus	1	Palpebr. Contus.	1
Vaccinia	1	Morbus Cordis	3	Conjunctivit Cat.	3
Rheumatismus	12	Pericarditis Rh.	1	Ophthalmia Scrof.	1
Cynanche Trach.	1	Debilitas	1	Otitis	1
Laryngism Strid.	2	Paralysis	1	Otorrhœa	1
Catarrhus	18	Hydroceph. Acut.	1	Scrofula	1
Bronchitis	15	Cephalalgia	1	Contusio	6
Pleuritis	1	Odontalgia	1	Vulnus	5
Phthisis	6	Sciatica	1	Fractura	2
Pertussis	2	Hysteria	1	Subluxatio	3
Dentitio	4	Chlorosis	1	Gelatio	2
Stomatitis	1	Dysmenorrhœa	2	Ambustio	1
Tonsillitis	1	Abortio	1	Phlogosis	1
Dyspepsia	8	Gestatio	1	Abscessus	1
Schirrus Pylori	1	Oxaluria	1	Furunculus	2
Gastro-Enterit	1	Syphilis	8	Gangrena Pedum	1
Duodenitis	1	Gonorrhœa	1	Adenitis	3
Enteritis	1	Orchitis	1	Hydrarthus	2
Enteralgia	1	Eczema	2	Hæmorrhois	1
Colica Crapul.	1	Erysipelas	1	Ulcus	9
" Pictoum	1	Herpes	1	Tumor	1

Diseases proving fatal—Typhus, Acute Tuberculosis, Ascites, Paralysis, Acute Hydrocephalus.

We have merely room to notice, that Dr. MacDonald's motion, "that the Committee on Dr. LaTerriere's Bill do rise", was carried; and consequently the Bill is thrown aside for this Session.

His Excellency the Governor General has appointed Dr. A. Von Iffland to be medical assistant at the Quarantine Station at Grosse Isle, and Dr. Philip Wells to be Secretary and Treasurer of the Marine and Emigrant Hospital at Quebec, in room of Napoleon Casault, resigned.

MEDICAL NEWS.

A Committee has been formed for the purpose of raising subscriptions wherewith to procure a portrait and erect a marble bust of the late Dr. Pereira, which are to be placed in the new College of the London Hospital, with which he was for some years intimately connected, both as a Lecturer and Attending Physician.——Dr. William Munk has been elected physician to the London Small Pox Hospital in the vacancy occasioned by the decease of Dr. Gregory.——Lord St. Leonards intended bringing three bills before the House of Lords to amend the Law of Lunacy. They related to the regulation of lunatics, proceedings under commissions, and to the care and treatment of lunatics; they have no reference to criminal lunatics, nor do they include Bethlehem Hospital.——The SUGDEN PRIZE of 20 guineas has been awarded by the College of Surgeons of Ireland, to Joseph Williams, Esq., M. D., for his essay on "Hypochondriacal Insanity."——The JACKSONIAN PRIZE has just been awarded by the Council of the College of Surgeons of England, to Mr. Henry Thompson, for the best essay on "The Pathology and treatment of stricture of the Urethra."——The latest Jamaica papers state that the Yellow Fever is raging there to a fearful extent; the average daily admittance to the Kingston Public Hospital alone being six or eight. The disease has begun to attack the Coolies, two of whom have died from it, a circumstance declared to be without precedent in the annals of medicine in the island.——591 Cholera patients were under treatment at St. Petersburg on Jan 29. On the same day there were 55 new cases—28 cures and 21 deaths.——Mrs. Emma Erchert, of 65 Oxford Street, London, gave birth last February to a female infant with two heads and two necks. One head came into the world nearly four hours before the other. The infant had full vitality two minutes before birth. The accoucheur, Dr. Richards, had to use instruments. The body, which was well proportioned, measured nineteen and a half inches in length. and 9¾ from shoulder to shoulder across the back. The mother dreamed a fortnight previously, that she would give birth to such a monster.——Mr. Lewes concludes two letters to Charles Dickens on the subject of Spontaneous combustion, with the following deductions:—1stly. That the human body is not such as to render spontaneous combustion possible. 2ndly. That there are no known conditions of disease which can make it so. 3rdly. That there is no possibility of the presence of inflammable gases in the body (save occasionally in the colon)—and 4thly. That all theories advanced in its favor are in violation of fundamental laws.——The United Service Gazette says, Sir Wm. Burnett has not on his list two eligible candidates for assistant surgeoncies in the navy.——Dr. R. B. Todd has resigned the Professorship of Physiology in King's College, London, held by him during the past 17 years, owing to the increasing cares of a very large private practice, which demands almost all his time and attention. He will continue to hold his appointment to the Hospital connected with the school, and to give clinical instruction. Mr. Bowman, who had the Professorship for the last 3 or 4 years jointly with Dr. Todd, will be offered the vacant chair.—— Andrew Smith, M.D, Superintendent of the Army Medical department, has been made Director General of the Army and Ordnance Medical Departments.——The Queen has conferred a Baronetcy on Dr. Holland, the well known author of "Medical notes and reflections" and one of the most eminent practising physicians in London.——M. Orfila, in a letter which he recently read before the Academy of Paris, stated that he assigned the sum of $24,000 to different public establishments; 12,000 dollars to Government for the completion of the museum which bears his name, so as to endow France with a scientific college which will be unparalleled. Over the principal entrance to the museum is to be placed the following inscription "To Students in Medicine. I founded this museum in 1845 for promoting Medical studies and solely to be useful to yourselves—ORFILA." He has also founded a small annuity in favor of the keeper; instituted two prizes, one to be given by the academy of medicine (400 dollars), on subjects "which have fixed my attention through life." He has, moreover, given to the Preparatory School of Bourdeaux and Angers, 200 dollars to the former, and 440 dollars to the latter, which were organized upon a principle of his own. To the Benevolent Medical Association of the Department of the Seine, he gave 80 dollars a year "in proof of the high estimation in which I hold this Society, which I am proud of having founded in 1833." Various other acts of kindness and benevolence of smaller importance were likewise mentioned. M. Orfila has since died. He was a lecturer for 34 years, and acquired a world-spread reputation by his Toxicological researches, and investigations in Science generally.

THE

MEDICAL CHRONICLE.

VOL. I.] MONTREAL, JULY, 1853. [No. 2:

ORIGINAL COMMUNICATIONS.

ART. VI.—*Case of Osteocephaloma of Humerus—amputation at shoulder joint—secondary hemorrhage from axillary artery arrested by compression.* By Geo. W. Campbell, A. M., M. D., Lecturer on Principles and Practice of Surgery, M'Gill College, Montreal, &c.

R. F., aged 28, from Western Canada, consulted me in September 1851, for a large tumour, which involved the whole circumference of the middle third of the left upper arm. The growth had evidently its origin in the bone, it measured about 15 inches in circumference, its surface was irregular and somewhat knotty, its feel firm over the greater portion of the tumour, with one or two elastic points affording crepitus when pressed upon, and it was not painful to the touch, unless roughly handled; there was no constitutional cachexy, general health good, and appearance robust. The history of the case as given by the patient was, that two years previously, he first observed a weakness in the left arm, accompanied by slight pain and swelling, the growth of the tumour being very slow for the first year and a half, but much more rapid during the last six months. I recommended the patient to enter the Montreal General Hospital under my care, and a consultation of the Medical Staff of that Institution having been held upon his case—amputation at the shoulder joint was deemed advisable, malignancy of action being suspected in the growth. The operation was performed on the 22nd September. The patient was seated in an arm chair, put under the influence of chloroform and the subclavian artery compressed upon the first rib over the clavicle. The arm being held at a right angle to the body, the knife was entered a little internal to the posterior border of the axilla, and transfixing close to the joint, was made to emerge at the anterior border of the deltoid, about an inch below the point of the acromion process, making a large posterior flap by cutting outwards—this flap was raised by an assistant, the arm brought across the chest, the capsule and the insertions of the capsular muscles divided, and the knife being carried through the joint to the inner side of the bone, an anterior

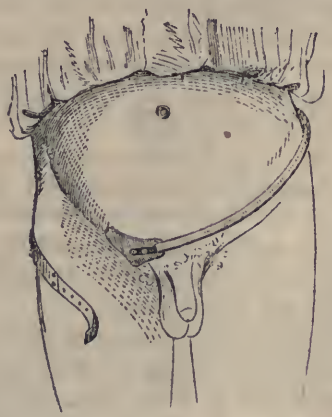
flap was made shorter than the posterior. The patient walked down stairs to bed from the operating theatre after the operation, and every thing progressed favorably till the 14th day, the wound having almost completely united, excepting for about an inch near its centre, where the ligature from the axillary passed out. On the afternoon of this day an alarming hemorrhage occurred. The gush was sudden, and the stream large, and it certainly would have proved rapidly fatal, had not pressure been promptly applied by Mr. Sinclair the acting apothecary; as it was, several pounds of blood were lost. At a consultation of the staff of the Hospital, it was determined instead of performing deligation of the subclavian at the outer border of the scalenus anticus muscle, or opening up the wound and attempting to secure the bleeding axillary, to try the effects of compression with the horse shoe tourniquet of Signoroni. From the tilting upwards of the clavicle, the anterior pad of the instrument was placed below that bone over the spot where the subclavian was felt pulsating upon the first rib, the posterior pad being applied to the dorsum of the scapula. From the tendency to slip upwards, it was found very difficult to keep the instrument in its position; but with the assistance of the pupils attending the Hospital, compression was maintained pretty steadily for five days, and then suspended, as it became irksome to the patient, and all tendency to hemorrhage seemed to have ceased.— This state of affairs continued till the 21st day, in spite of the frequent disturbance occasioned by a diarrhoea, which had troubled the patient more or less for a week previously, and which was found very unyielding to treatment. At 9 P. M. on the evening of that day, arterial hemorrhage again broke out, while the patient was in the act of describing a peculiar sensation which he then experienced, and which had also preceded the former attack, as if something fluid was trickling from the shoulder to the points of the fingers; only a few ounces of blood were lost, as the House Surgeon, Dr. Reddy, immediately re-applied the compressor, with a broad leather pad under the posterior limb of the instrument, to diffuse the pressure over a large surface, and a bandage which retained it securely in its place. The compressor was worn after the occurrence of the second hemorrhage for three weeks, until the ligature had come away, and the stump had completely cicatrized. The pressure was borne with great fortitude by the patient, who left the Hospital about two months after his admission perfectly restored to health, and has continued free from any return of the disease up to the present time. A very beautiful preparation was made from the diseased limb after removal, by Dr. Wright, who dissected off the soft parts, and made a longitudinal section of the whole length of the bone, preserving the one half in spirits, the other being a dry preparation. The humerus at the junction of the middle with the inferior third, was found expanded into

a mere shell containing medullary matter, the disease extending in the interior of the bone nearly as high as the shoulder joint; the muscles passing over the surface of the tumour had a sodden look and purple colour, but they had not degenerated into the diseased structure. The writer has been induced to place the above case upon record chiefly on account of the practical lesson which it teaches, that secondary hemorrhage from arteries of primary magnitude may be successfully treated by compression, as applied in the modern treatment of aneurism, at some distance from the bleeding point upon its cardiac aspect.

ART. VII.—*Description of Inguinal Hernia Pad.* By GEO. E. FENWICK, M.D., Lecturer on Materia Medica, St. Lawrence School of Medicine, Physician to the Montreal Dispensary.

Very many have been the inventions for the support of Hernial Tumors.

The variety in shape of trusses and hernial pads cannot fail to strike the eye of the observer, and each year gives birth to some new patented invention which, like its predecessor, is found ineffectual, or uncomfortable, or to which some objection can be raised.



The accompanying wood-cuts represent an inguinal hernia pad, which I am induced to lay before the profession, inasmuch as I find on repeated trials, it fulfils admirably the desired object. It can be worn with comfort to the patient, permits great freedom of motion, and from its light finish, is not perceptible externally. The anterior pad, the part of the instrument with which we alone have to do, is triangular in shape; the base looks towards the pubis, is slightly hollowed out, and rests on the spine of that bone; the apex looks upwards and outwards; the inferior

edge is slightly concave, and adapts itself to the flexure of the thigh, thereby permitting great freedom of motion. The upper edge is also slightly hollowed out, and is overlapped by a fold of the belly, which effectually prevents its rising out of its position. The pad is adapted to the spring by means of a swivel screw, which prevents its shifting its position with each movement of the body. The spring itself is of long leverage, which possesses unquestionable advantage over the short spring. It crosses the front of the pubis. At the other extremity of the spring is a circular cushioned pad, which rests on the loins; a short strap belts the body and is hooked on the anterior pad.

From the shape of the pad, it will be found to cover the whole of the inguinal canal; by its equable pressure, it will be found most comfortable to the patient, and by its remaining fixed in its position it will not give rise to the local irritation (galling) which is much complained of by those who are so unfortunate as to require the use of trusses.

69 Craig Street, Montreal, June, 1853.

ART. VIII.—*Cases of Tetanus.* By JOHN REDDY, M.D., L.R.C.S.I., &c.,

No. II.

TRAUMATIC TETANUS.

Denis Walsh, aged 11, admitted into the Meath Hospital and County Dublin Infirmary, March 3, 1846, under the care of Mr. Smyly, complaining of severe pain in the head, chest, and along the spine, with difficulty of swallowing, and general spasm.

States that on Wednesday last, at mid-day, he received some smart blows of a stick on his neck, and along his back, leaving a slight bruise on the former, accompanied with some pain, which did not last long. Almost immediately he was seized with pain, chiefly confined to the forehead, but not so severe as to prevent him from playing about. With the exception of the head-ache, nothing particular was observed to be wrong with him during the remainder of the day. He slept uneasily during the night, and next morning was unable to leave his bed. Had great pain in the head, could only swallow a little tea, his jaw felt tight; experienced an uneasy choking sensation in the throat, which latter feeling became so troublesome, particularly when he attempted to swallow, that

he frequently dreaded suffocation. The saliva became thick and ropy, and could hardly be ejected from the mouth, bowels confined. His appearance on admission was very distressing, face pale, head and neck bent backwards to the greatest point of tension; eyeballs projecting, jaw tightly clenched; respiration hurried; spasms coming on frequently; opisthotonos very severe, lasting some seconds. All this time he appears to suffer great agony. When the attack is over, the entire body seems relaxed, with the exception of the neck, which remains all the time in the same position, and the head so bent backwards, that the crown rests upon the bed. Pulse 90.

Ordered to be cupped behind the ears, to six ounces. Enema tabaci statim. To remain 15 minutes in a warm bath, gradually raised to 100 deg. Fh. Then, to take the following draught every third hour, ℞ Tinct. Cannabis Indicæ, gtt xx, Alcoholis, gtt xx, Aquæ, ʒi *m*. In the course of a few hours his bowels were acted upon, when he felt much easier, and could even swallow a little. 2 o'clock p.m. ordered mercurial friction to axillæ every fourth hour—towards evening had another motion from the bowels. The spasms were less frequent during the evening, he appears to be under the effect of the Indian hemp. To have enema repeated. 8 o'clock, p.m. Pulse 90, appears easier, had only two seizures since last visit; the rigid stiffness of the neck still continues unchanged.

4th. Pulse 90, compressible. Spent a restless night, was seized only four times with the spasms, is constantly moaning, though free from pain. No change in the rigidity of the neck. Bowels moved once last night; can swallow a little better to-day. Continue mixture, also the following pill, every third hour, ℞ Proto chlor. hyd. gr ij, ant tart. gr. ¼ *m*. To remain in a warm bath for an hour. Temperature to be gradually raised to 100 deg. Fh. Had only one attack of the spasm during the day.

5th. Pulse 80, feeble. Was quite free from spasm during the night, slept soundly, and did not awake unless when roused; is slightly affected by the mercury; seemed to be well under the influence of the Indian hemp. Rigidity of the neck still continues. Omit frictions and pills. Continue mixture; to have 8 oz. wine. Slight tendency to spasmodic, seizure throughout the day.

6th. Pulse 100, rather more volume than yesterday. He has been free from spasm all the night, and slept well; feels a great deal better; finds but little difficulty in swallowing; continue mixture; repeat bath as on the fourth; quite free from seizure during the day.

7th. Pulse, 112, soft. Feels much better, bowels regular, can open his mouth a little, and swallow better. There is not, however, the least relaxation in the neck. In every other respect he appears much im-

proved and quite free from pain. No spasms to-day, continue mixture and wine.

8th. Signs of further amendment to day, muscles of the neck beginning to relax; can bring the head a little forward.

9th. Pulse 118, feeble. Not so well to-day, neck seems to have returned to its former rigidity. Complains of pain in the forehead. To have six leeches to the temples. Continue mixture and wine.

10th. Pulse 100. Feels much better, the leeching gave almost immediate relief; neck a good deal relaxed.

12th. Pulse 84, full. Neck quite flexible, can swallow any kind of food freely; appetite very good. Omit mixture and continue wine.

He continued to improve daily, without the slightest appearance of any return of the disease; and was discharged on the 27th, quite well and in good condition.

Remarks.—In the above case, many symptoms of much severity were exhibited upon admission, some of which seemed to obtain early relief by the cupping and use of the Indian Hemp. The power of swallowing having been soon restored, the system was well supported throughout by nourishment steadily administered, which circumstance, I have no doubt, played an important part towards the ultimate recovery; as persons suffering from this disease, when any abatement takes place appear unable to rally from protracted exhaustion. The tonic rigidity of the neck is a curious feature in this case, remaining unaltered four days after the cessation of general spasms. I consider that Indian Hemp appeared from the very outset to produce a most beneficial and decided effect. Although the system was brought fully under the influence of mercury, it did not appear to produce any particular alteration.

Montreal, June, 1853.

ART. IX.—*Severe Constrictive Disease of the Mitral Valve and Orifice, without a direct but with an indirect Mitral Murmur, non-persistent, and probably of Dynamic origin, with Remarks.* By R. P. Howard, M. D., L.R.C.S.E., Physician to Montreal General Hospital, and Montreal Dispensary; Demonstrator of Anatomy, McGill College.

(Continued from page 7.)

REMARKS.

I will make a few observations on some points in the above case which strike me as deserving of notice; and to begin with the most important, both on account of its unusualness and practical bearing on diagnosis:—

1. A systolic mitral murmur was heard on two different occasions, the 7th and 14th of Nov. respectively, and yet 13 days later, no murmur existed, although the heart's action was more excited than at the previ-

ous examinations. What consistent explanation can be given of this? It cannot be said that the murmur was anæmic and disappeared under the administration of iron, for then would it have accompanied the natural course of the blood, and been heard over the sygmoid valves. Neither could it be consistently attributed to temporary incompetence of the mitral valve, produced by engorgement of the left ventricle during the excited action of the heart, for on that supposition it ought not to have been wanting on a subsequent occasion, when such engorgement must have been increased as the dyspnœa and palpitation were. Nor was it the ordinary organic murmur of regurgitation, nor the rare one produced by friction of blood against irregularities on the endo-cardium at the base of the ventricle, whose disappearance was fairly referrible to feebleness of the central organ of propulsion, for the impulse was painfully violent and the pulse not deficient in force at the very period of the murmur's absence. Nor was it likely due to alteration in the direction of the blood, consequent upon dilatation of the left ventricle, which is now admitted as a possible cause of endo-cardial murmur, for such dilatation was not detected and did not exist, and such a murmur would be most audible at the base, not at the apex. What, then, was it? Prof. Walshe mentions the occasional occurrence of mitral systolic bruit in hypertrophy of the heart, and even in chorea, from disordered action of the papillary muscles*, and it was a knowledge of this and the above reasoning that led me, on the 27th, after examining the patient, to regard the murmur heard on the 14th, as originating in unequal closure of the mitral valve, consequent upon disordered action of the columnæ carneæ, and to refer its disappearance to the return of the physiological action of the muscular apparatus.

But I must not omit to notice here another and an opposite explanation of a similar occurrence advanced by the same close observer. Speaking of the occasional disappearance "during palpitation" of a murmur audible in a "calm state of the circulation," he remarks:—"I have only observed this in some cases of mitral regurgitation. Can it depend on irregular contractions of the wall of the ventricle, allowing of such slight and feeble regurgitation, that morbid sound cannot be generated?"† However, in my opinion, this explanation will not meet Cassiday's case; for the murmur was first discovered during an excited, not a "calm state of the circulation," and it subsequently disappeared and again reappeared under similar circumstances. May not some at least of the cases of mitral regurgitant murmur, alluded to by Prof. Walshe in the above quotation, have owed their origin to temporary

* Walshe on "The Heart, Lungs and Liver," pp. 210 and 416.

† Loc. Cit. p. 204, note.

unequal closure of the valve, and the absence of the murmur, have been the result of normal shutting of the same?

2. The circumstance of organic disease of the mitral valve existing without its usual murmur and yet being accompanied by a murmur from disturbance of the papillary muscles—*i. e.*, by a dynamic murmur—is somewhat singular, and has not, within my knowledge, been hitherto mentioned.

3. This case affords an excellent proof, in addition to the many already recorded, of the possible existence of great obstruction of the mitral orifice, without morbid sound to indicate it; nay, more, it shews that the same absence of bruit may obtain, even though the left ventricle be hypertrophied and capable, one would suppose, of propelling a current of blood with sufficient force to produce a loud murmur, for the natural weakness of the auricular systole is generally admitted to be the cause of the infrequency of diastolic murmur in obstructive disease of the auriculo-ventricular orifice. In speaking on the subject of contraction of these orifices, the accomplished auscultators, MM. Barth & Roger, made the following observation, which appears of peculiar value when placed in connexion with this murmur:—"Of all the preceding lesions, this is the one which most frequently produces no sound; so that, if a patient presented the general symptoms of an organic affection of the heart with obstruction of the circulation (palpitation, dyspnœa, smallness of the pulse, œdema of the lower extremities), the absence of a cardiac soufflet would not be a reason for renouncing the idea of a constriction; but we should then conclude that auriculo-ventricular coarctation existed. We have more than once, from this negative sign, pronounced a diagnosis, which the autopsy confirmed."*

4. It is still a debated question whether mitral obstruction, with hypertrophy of the left auricle, is ever accompanied by diastolic thrill, in the above case no such thrill was observed.

5. Since Hunter first, and Adams and Wilkinson King afterwards, wrote upon the safety-valve function of the tricuspid valve, an opinion has become tolerably prevalent that regurgitation through that orifice is a frequent, if not a constant, phenomenon in health, especially whenever active exercise, &c., has quickened the circulation and sent an increased quantity of blood to the lungs. This opinion, it is true, originated before the evil influence of tricuspid regurgitation on the systemic circulation was understood, and in late years it has been called in question by such authorities as Hope, Blakiston and Walshe. If such be the natural healthy action of the right auriculo-ventricular valve, why were none of the signs of tricuspid regurgitation, turgescence, knottiness and visible pulsation of the cervical-veins, systolic murmur at right apex, œdema or

* Traité pratique d'auscultation, p. 434.

anasarca, present in our case? Surely, with so much impediment to the progress of the blood through the lungs, caused by the great contraction of the mitral orifice, the right ventricle must have been habitually more distended than can occur in health, and its safety-valve function ought to have been manifested, more especially as the right ventricle was sufficiently hypertrophied to have produced not only visible pulsation of the jugulars, but tricuspid murmur also, had regurgitation existed.

Lastly, (not to protract these observations) it is interesting to note how the scanty admission of blood into the left ventricle was followed by diminution in the capacity of the aorta, and consequent smallness of the pulse (without irregularity or weakness, however), while its retardation in the left auricle, the pulmonary veins, capillaries and arteries, and finally in the right side of the heart, kept the pulmonary artery so distended, that it measured half as much more as the aorta, and at the same time became (i. e. the retardation) the exciting cause of the hypertrophy both of the left auricle and right ventricle, their muscular fibres being excited to increased duty. May not the arrested uterine function have been a consequence of the want of vigour in the system, produced by the diminished supply of arterial blood in the capillaries?

Corner McGill and Great St. James Streets
Montreal, May 13, 1853.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

III.—*A Text Book of Physiology.* By Dr. G. Valentin. Translated and edited by William Brinton, M.D. L.R.C.P., &c. Part 1, pp. 320. Henry Renshaw, London.

This work, which has recently issued from the English press, is an abridgement by Professor Valentin of the University of Bern, of the third edition of his more comprehensive treatise "Lehrbuch der Physiologie". The translator is medical tutor in King's College, London, and seems to have spared no pains in securing a faithful as well as readable translation; for, after rendering the original into literal English, every word and phrase were carefully weighed, and when expedient, exchanged for simpler or smoother equivalents: he has also appended occasional notes of explanation.

The matter is distributed over 13 chapters, the proportionate length of which does not appear throughout justifiable and equable, for while 58 pages are devoted to circulation, but 34 are allotted to secretion.—Our author shews himself a true German rationalist at the very threshold of his discourse, and shakes our confidence in his ability to do am-

ple justice to an exposition of the secret workings of a being not made by man. It is usually admitted that the arrangement of the organism is based upon a peculiar *vital force* which imparts to it properties differing from those of inorganic nature. Our author scorns such a faith, as "it impedes a correct recognition of the fundamental principles on which the existence of living creatures is based; and leads to results which are decisively opposed by more exact physiological investigations", and conceives, that the phenomena of life are due simply to physical and chemical agencies. He does not support these statements with arguments, so that they cannot pass for more than the worth of individual hypotheses. Equally cursory and dubious is much of his contrast of the functions of animals and vegetables; he does not dwell sufficiently on their points of similarity and dissimilarity, several of which are wholly ignored, although possessing much importance, as the acquisition and dismemberment of carbonic acid by vegetables, their appropriation of its carbon and elimination of the oxygen; so also with other instances of the unity and perfectness of the original plan of an all-wise Creator, as that of the pitcher plant, which *does possess a large cavity in which considerable quantities of food are collected and dissolved by special fluid secretions.* But facts such as these are safely eschewed, as they militate against the sweeping assertion of the author, which takes from vegetables all traces of digestive apparatus and function.

The fourth chapter is the longest in the book, embracing 80 pages, and considers the physical properties of the human body. We fancy it is in reference to this the translator introduces the following explanation in his preface:—This book may be used "as a convenient summary of many experiments hitherto imperfectly known in this country. It comprehends so much of various kindred subjects as may either obviate, or, what is better, fructify a reference to the ordinary text book of each", i. e. of Chemistry, Optics, Electricity, Magnetism and Physics in general. Here we have full descriptions of the Barometer, Manometer, Endosmometer, Electo Magnetisers, and sundry other devices of cunning art. Here we can learn up the Daltonian theory, gaseous diffusion, specific heat, polarization of light, and many other modern instances. Here also are taken in capillary attraction, repulsion, friction, pressure of liquids, absorption, et id genus omne. Here the scientific sparks of light and electricity scintillate, and altogether a strange medley of fagtails is worked up as it were into an harmonious whole, the propriety of affording which so much space in a text book on Physiology must at least be very questionable.

After an introduction on the chemical composition of organized beings, the author enters upon the consideration of Digestion, and next takes up successively Absorption; Circulation; Respiration; Evaporation; Secre-

tion; Vascular Glands and Nutrition—a separate chapter being devoted to each. It will thus be seen that Professor Valentin has not followed the custom of eminent Physiologists of our day, who, profiting by the recent advances in Histology and Morphology, fitly begin their writings with more or less of Physiological Anatomy, proceeding from which they gradually build up their subject, describing the functions after the organs, and these after the elementary tissues of their composition.—Observant of these conditions, Jackson, Carpenter, Todd and Bowman have originated arrangements of a truly scientific character, although in doing so they incurred the risk of being thought negligent or intolerant of antiquated usages—a risk which Valentin has certainly escaped.

The chapters above specified are, upon the whole, clearly written, and well deserving of a careful perusal. The subjects broached for the most part are treated at length, and with ability. Now and then, however, undue importance is given to trite and trivial matters, while frequently there is too much of the chemico-physical, and too little of the truly physiological. Many important subjects are entirely omitted. We hope to meet them in the second part, when it appears, although undoubtedly their proper places have already been scanned. Thus, in the account of the heart, nothing is stated regarding its impulse or sounds, although in treatises such as this, they have hitherto received marked attention. At the present day great uncertainty prevails as to the exact mode of their production, and the precise information they convey, which is the more important from the close bearing they have on the value of physical signs, as exponents of cardiac disease. No theory of the occurrences of health, we take it, can be correct which will not be sustained or proved by its applicability to explain the occurrences of disease. We know there are some, wise in their own conceits, who cozen themselves into the belief of an infallible familiarity with, and appreciation of, every bruit or sound that they hear; while there are others who profess to possess a refinement of such astonishing degree, that they can with absolute certainty mark even the accentuation of a murmur; but, until the physiological void which now exists be filled up with fresh observation, and secured from regaping by sound facts, we shall not dare copy either their dogmatism or dandyism. Under secretion we find no information concerning certain unequivocal secretions, as milk and semen, while other vascular products, as synovial and serous fluids are treated of, although, unlike the former, they are substances which can be easily separated from the blood, since they pre-exist in it, are not newly produced from the proximate components of the blood by a vital metamorphosis, and are not therefore according to Muller secretions.

While discussing digestion, the author observes that "so far as we know, the adult may live three weeks without any food," and possibly

8 or 10 weeks if occasional drinks be taken. It would have been well if some facts had been brought forward to support this statement—we are not in possession of any which would verify it, although we once endeavoured to collect all the cases of fasting on record, many of which are undoubtedly apocryphal, as of Democritus, who subsisted for 40 days by smelling honey and hot bread, of persons existing for 2, 3, 4, and 18 years without taking either food or drink. The longest genuine case is that of a religious fanatic who determined to starve himself for 40 days, but died exhausted on the 16th day. In determining this question several circumstances other than the ingestion of liquids should be considered, such as the state of the person previous to beginning the experiment; since life will be longest protracted in some comatose diseases, and in persons reduced by illness: so also the condition in which they are placed, for the want of food, will be best borne by those who are in a humid atmosphere, or immersed in water, or accidentally immured.

We are glad to find that an extended account is given of the metamorphosis which the various kinds of food undergo by contact with the different secretions of the alimentary mucous membrane, and its glandular tributaries, from the practical application which can be made of such information. Our space forbids as copious an excerption of this portion as we would wish, but we shall briefly allude to the more important points as they are stated. The chief object of the chemical phenomena of digestion consists in the solution, as far as possible, of those solid compounds which we receive in the food. Gaseous fluids or liquids enter the lymph or blood by diffusion. Most drinks require no special digestion, while some, as beer or coffee, are mixtures of solids and fluids, and then demand for their solid part solution prior to its absorption. The water of the secretions is for the solution of soluble substances, as sugar, salt, &c., the salts or alkaline phosphates which occur in most animal juices, partly aid in the solution of the earthy phosphates; the acid gastric juice can drive off the carbonic acid of alkaline and earthy salts. The saliva is incapable of dissolving fats or coagulated albumen, at a temperature over 98, it converts paste into dextrin and grape sugar, and so makes it soluble; the presence of the gastric juice does not arrest this action, hence it proceeds in the stomach; raw starch is also acted upon, but with much greater difficulty. The fluids of the mouth, of its mucous membrane and glands, with saliva, induce a most energetic saccharine fermentation in boiled starch. The short time during which the alimentary bolus remains in the œsophagus allows of no very important chemical changes. The chief object of gastric digestion is the solution of coagulated albumen (the fats are attacked by the admixed saliva) though much depends on the state of its aggregation and other qualities; the fibrin of blood offers less resistance than albumen of hard boiled eggs; the muscular fibres are more easily

overcome than the dense fibres of tendons or ligaments, and hard cheese succumbs so slowly that a part of it often passes into the duodenum: milk soon coagulates, so that the precipitated casein requires a new solution: the sugar of milk is converted into lactic acid, the albuminous wall which surrounds every milk globule is usually dissolved so that the globules of oil or butter become free and subsequently accumulate: vegetable albumen, legumin and gluten are dissolved: glutin is also overcome, it loses the power of coagulating on cooling, softer tissues which yield gelatin as the cellular tissue easily succumb while the denser, as tendons often resist the most continuous action: bones only lose a part of the large quantity of calcareous salts which they contain, but their cartilage yields more quickly to the gastric juice.

The fluid of the glands of Brunner, met with in the duodenum, is incapable of dissolving pieces of flesh or albumen, while it is able to convert starch into grape sugar. Its tenacity causes the more fluid fats to be minutely subdivided in the form of an emulsion, and allows them to retain this condition, and may furnish an organic ferment, from its mucus including substances undergoing metamorphosis. The pancreatic fluid greatly contributes to the production of lactic, and even carbonic acid from the suitable fats; it has but little power over paste, and still less over raw starch; it aids in the minute division of fluid fat in the form of an emulsion; it does not dissolve albumen. The bile has not yet been shown to possess any peculiar solvent powers: albumen, caseine and fibrine, resist its influence with great obstinacy: it is of but very little avail in converting starch into grape sugar, or in inducing the lactic or acetic fermentation. If the cœcum contains hydrates of carbon (fats), they frequently undergo the lactic fermentation: the acid thus caused probably dissolves many compounds, especially those of vegetable food and salts, as carbonate of lime, &c., and with the organic matter of the cœcal secretion, would furnish a mixture able to overcome coagulated albumen. Probably the alkaline secretion of the large intestine assists in taking up albuminous substances: the residuum of vegetable food here continues its fermentation, so that not only lactic but butyric acid may appear.

It is somewhat strange that no mention is made in any part of the account of digestion, of the secondary organic compounds ptyaline and pepsine.

Our author frequently abbreviates, in a very remarkable way, the accumulated information of years, and often prefers putting down a summary conclusion of his own to acknowledging the demonstrative details of his predecessors. As an illustration, we quote entire his description of the arterialization, and carbonization of the blood, as stated in the chapter on respiration. "The scarlet color conferred on the dark red venous blood

in the capillaries of the lungs, is due to the action of the oxygen contained in the respired air. But future researches must accurately determine the details of this process. The redness of the blood is chiefly, if not exclusively, dependent on its corpuscles. We may therefore conclude that the more visible of its respiratory changes occur in these structures. But the facts rather indicate, that the gases concerned in respiration, make use of the liquor sanguinis as the immediate channel of their entry or egress. For it is probable that a part of the carbonic acid, nitrogen and oxygen is dissolved in the plasma of the blood." The writer should not have risked his reputation by such meaningless sentences as these, for however easily they are penned, they tend to lower the high opinion that might otherwise be formed of his powers of analysis and diction, and in the present instance he has almost deprived himself of sympathy from the total disregard which he has manifested for the researches and reflections of Mulder, Henle, Scherer, Nasse and Schultz, with which the student is expected to be familiar, but for which he may search in vain in a book written for the edification of "advanced pupils," and the "educated public."

As a distinct chapter on Evaporation is a novelty in Physiological works, we present our readers with a synopsis of it. It takes in cutaneous and pulmonary evaporation, the union of which forms the total evaporation or transpiration. The amount has been determined in animals by a eudiometric analysis of the gaseous mixture breathed in a given time. Two methods of experimenting are described at length, and plates of the apparatus introduced. Objections are put to both methods founded upon the probable risk of death from keeping an animal sufficiently long, within, for the necessary observation—the adulteration of the air by flatus and the effluvia of fæces and urine passed during the experiment, and upon the difference of respiration in animals confined and in those at liberty. No plan is offered for remedy, further than making man, particularly the practised inquirer, the subject of experiment. Trials by the author himself gave an average of 2 lbs. 7½ oz. to 2 lbs 8¾ oz. of water, given off by the pulmonary and cutaneous evaporation of his body, which weighed from 119 lbs. 2¼ oz, to 114 lbs. 11¾ oz.: this estimate includes the carbon of the cutaneous exhalation with the intestinal gases, the sebaceous secretion of the skin and the casual fluids of the mouth. Most comes from the skin, not wholly from the glands, but chiefly, the moister strata of the cuticle, the highly moistened corium and its blood. The simplest view of late researches on the interchange of the gases in different animals, is obtained by bringing together the quantities per hour in proportion to a pound of corporeal weight, and by contrasting the weight of oxygen absorbed with that of carbonic acid given off, as regards the human subject, Scharling and

Hanover found that the adult male, gives off hourly from 3.13 to 4.14 grs. of carbonic acid for every pound of bodily weight; a woman, 3.16; and two children 5.82 and 6.33 grs. The perspiration alone carries off but little of this gas, its amount is from 1-25th to 1-52nd of the quantity given off by the lungs, it chiefly gets rid of water. Barral, from experiments on himself, found his weight to be 104.8 lbs., and that in 24 hours he consumed 37.4 oz. of oxygen, and 43.4 oz. of carbonic acid. Relative weight of carbonic acid to that of oxygen, as 1 to 1.16.

Under the head of urine, he alludes to its containing fat in many patients suffering from consumption and other diseases, and then says—"In persons of weak constitutions or debauched habits, boiling the urine often throws down, not only carbonate of lime, but also albumen which do not disappear on the application of nitric acid." "And in a variety of diseases—such as inflammation, diseased heart and dropsy—the urine sometimes contains large quantities of albumen. Hence this phenomenon forms no exclusive sign of that affection of the kidney which is usually designated by the name of Bright's disease." This old truth we have often, painfully, seen overlooked in the diagnosis of albuminuria.

The spleen, supra renal capsules, thyroid and thymus glands are considered together as vascular glands. He admits that the anatomy of the spleen is so different as to assign it quite a different office but retains it as the functions of the whole remain almost unknown. He alludes to the varied consequences which have followed removal of the spleen and to two opposite theories now in vogue concerning its use, according to one of which it manufactures new blood corpuscles, according to the other it destroys or dissolves those which have been formed. In support of the last Beclard notices that the splenic vein contains relatively fewer corpuscles than the subclavian. Of the supra renal capsules he observes it is probable that certain compounds secreted from the blood undergo a peculiar elaboration within them, but nothing definitely is yet known. A like supposition may be held of the purposes of the thymus gland, the final destiny of which is its conversion into fat.

The present part ends with an unfinished description of nutrition, which embraces in 18 pages a great many topics, for, after taking up the blood, it treats of the tissues, principally the sclerous, of inflammation with its events, and lastly of reparation. These are discussed with too much brevity and have no particular merit to claim special attention.

With the foregoing extracts and abbreviations, we close our review, and in conclusion take leave to testify to Professor Valentin's personal examination of many of the richest mines of Physiology, for which he is entitled to much credit. His work has had the benefit of well cultivated talents, with excellently directed exertions, and exhibits internal evidence of designs ably conceived and judgments maturely executed; it is there-

fore the more to be deplored that omissions are to be found, as we have shown, with too frequent recurrence; while throughout, there is with a few exceptions, as under circulation, an utter neglect of comparative anatomy and physiology. Most portions contain the expression of his own experience, but in several, the experience of his predecessors and compeers is not even alluded to, their labors are rarely referred to, and, occasionally, when noticed not acknowledged; so that while this book may enlighten a savant, it is comparatively unfitted for the beginner.—Moreover, we think that matter of inferior importance has now and then usurped the place of that which would have been superior, the shadow having been preferred to the meat.

This book, like all others of London workmanship, is beautifully printed on excellent paper, and in every way well got up. It professes to contain 500 illustrations, on wood, copper, and stone, most of which are scattered through the text, while the remainder are collected into five tablets and appended to the end; they are admirably executed, many are new, being representations of the author's own preparations, so that the looker on is spared the tedium of repetition, which is felt in examining several recent compilations of Physiology: not a few, however, have been put in to make up a show, as the figure of a skeleton which fills up page 230, and certainly does not meet the end in view by giving the reader an idea of the peculiarities of the respiratory muscles. The utility of the work is somewhat lessened by the want of an index and table of contents; our task has truly not been lightened thereby.

CLINICAL LECTURE.

Clinical Lecture on Scarlet Fever. By Hamilton Roe, M.D., Physician to Westminster Hospital. [Condensed from the Lancet.]

To-day I have to direct your attention to three cases of scarlet fever, which afford good illustrations, one of them, of its usual course when it goes on favorably, and two, of terminations which I believe to be more common than are supposed.

The first case is that of Samuel Stamford, aged 13, admitted 16th October, and now (Nov.) convalescent. He was a blear-eyed, scrofulous looking boy, but not weak, and lived in an unhealthy locality. There was no evidence of contagion. He said he had fever and sore throat three days before admission, and since then gradually got worse. He was covered with a scarlet eruption, most marked over abdomen. His throat was red and swollen, and swallowing was impeded; tongue coated at base, red at tip and edges; respiration easy; pulse quick; heart's action accelerated, but no unusual sound; skin hot; bowels not opened for three days; breath offensive; urine high colored; senses dull, and notices no one.

It is evident that we must first ascertain the causes and consequences or terminations of a disease, before we can form a correct notion of its proper treatment; for without this we know not what is to be effected, and what prevented; and, therefore, have no guide in selecting remedies. The present opinion respecting scarlet fever is, that in common with typhus, cholera and other epidemics, it is caused by the introduction of some poison into the system, from inhaling air mixed with miasma or a noxious gas; that when the poison is got rid of soon, recovery takes place; but when it is not, it induces disease of one or more organs which often destroys life. The kidneys, bronchi, and lungs are most often affected, and scarlet fever may therefore end in Bright's kidney, bronchitis or pneumonia. Rheumatism has been seen by Dr. Golding Bird to succeed it.

The first indication of treatment after the introduction of a poison is to give its antidote, and this we should do in epidemics if we could; but we know of no medicine which can destroy an animal poison within the body; we therefore strive to counteract its effects, and aid the system to throw it off through some of its emunctories. The first effects are usually chilliness, rigors, oppressed circulation, and a torpid depressed state of the nervous system—sometimes speedily fatal. I have known scarlet fever kill within twenty-four hours after the appearance of the eruption, and small pox has often done the same. To counteract these effects, many give emetics as early as possible after the disease has set in, as tending to cool and soften the skin and induce it to perspire; they also divert the blood from the internal organs to the surface, and aid in eliminating the poison. The medicines next given are to fulfil one of the following indications, according to the view of the practitioner—to increase some natural secretion, in the hope of its carrying off the poison—to strengthen and support the system under its own efforts to get rid of it—or to destroy its power by chemical action. With the first view Hamilton advised purgatives; with the second, others recommend carbonate of ammonia, bark and stimulants. With the third, hydrochloric acid and chlorine, with gentle aperients, have long been used in this hospital and elsewhere. The chlorine mixture is made by mixing chlorat potass gr. x with hydrochloric acid 3i; and when the chlorine is all evolved, adding water to it by degrees, until it is taken up. Diluents and liquid nutriment are also given freely; and under this treatment the large majority recover. Thus, is scarlet fever to be treated, for we have no antidote to its poison; belladonna has been asserted to be one, as well as a prophylactic against it, simply from its causing the same symptoms, but its frequent failures prove that it possesses neither power.

So that these principles might be partially carried out, Stamford was given at first an emetic of sulphate of zinc and then a mixture of antimony and ipecacuanha; he was to drink freely warm rennet whey, which contains much of the nutritive matter of milk and is readily absorbed by the veins without much effort of the stomach to digest it; weak beef tea and veal broth were also ordered. Flannel, soaked in a saturated solution of camphor in spirits of wine—a valuable stimulant—was put round his throat, with very good effect, as suggested by Mr. George of Kensington, in his book on its utility in small pox. On the 23rd, an infusion of cinchona was substituted for the former medicine, and he left

the hospital well on the 2nd of November. His urine never contained albumen.

The next case is Clara Glovers, aged five years and a half, admitted 21st October. She resided in a house pronounced healthy a few days before by the Sanitary Commission. Her parents had seven children; two were dead at home when she was brought in, and the other four were sickening, probably with her disease. She seemed a strong child, and was said to have been very well until the day before, when she began to be very feverish. On the morning of the 21st a scarlet rash appeared all over her body; her throat was very sore, skin hot, pulse quick, respiration natural, and tongue very red, but she had no alarming or unusual symptom. To take one grain of tartar emetic immediately, and afterwards the chlorine mixture with a gentle aperient; rennet whey and broth were her drink and diet. She went on very well till the 23rd, when she seemed languid, pulse feeble, eyes sunken, her color of a leadenish hue, and the eruption paler; but she had no cough, moving alæ nasi, dyspnœa, nor mark to show that the lungs were becoming diseased. Believing she was sinking and wanted support, wine was given with arrowroot, and her throat was sponged internally with a stimulating gargle. At the visit, next day, she was still more depressed —warm wine was instantly given, but, after swallowing a few teaspoonfuls, apparently with pleasure, she turned up her eyes, as if going to have a fit, and expired. That was the fourth day of the eruption.— Many of you were at the autopsy, and saw that the arytenoid cartilages were so close together that the air could not pass them, and therefore this child died from suffocation; the trachea and bronchi were healthy, but the lungs throughout were here and there congested; the heart and kidneys were natural; the head was not examined.

The important question in reference to cases of a like kind is—Had the state of the lungs been superinduced by the narrowing of the glottis, or had that been caused by the congestion of the lungs? On the former supposition, tracheotomy might have saved this child's life; on the latter it would have been useless and recovery could only have followed the use of active measures to relieve the lungs. The progress and termination of the next case shows which of the diseased states was probably the antecedent, and also the treatment most likely to be successful.

Henry Walsh, 11 years old, admitted early in September, suffering from great difficulty of breathing. Countenance blue; respiration loud and wheezing; chest moved very little during respiration; sounded tympanitic generally, but in some parts slightly dull; loud râles of various kinds over the chest; heart acted feebly, but sounds natural. His breathing was said to be affected from childhood; nauseating medicines were advantageously given, and he went on tolerably well till 20th October, when he became feverish, skin hot, throat very sore, pulse quicker but respiration less difficult than usual; body covered with a scarlet rash, tongue very red; he had probably taken scarlet fever from a boy in the same ward, who was then in with the disease. An emetic was given immediately, followed by the chlorine mixture, warm whey for drink and beef tea for diet. He went on well till the 25th, when he exhibited the peculiar look which Clara Glover had, when she changed for the worse—a faint expression, sunken eye, and similar-colored skin; pulse very feeble as her's, skin cool, but breathing not worse; no phys-

ical signs to show that the lungs were worse, but this likeness to the child, in whom the lungs were congested, led me to believe he was similarly affected. Under this persuasion, I gave him one grain of tartar emetic every four hours, and directed that wine or brandy should be administered, if the medicine lowered him too much. Next day, he was visibly better; the sunken eye and depressed countenance had gone; his nervous energy was increased; pulse stronger, skin warmer; color bluish. The tartar emetic ordered to be given only when his breathing became difficult: he took it twice in the next twenty-four hours. This plan was continued for a few days. On the 1st November he was suffering less, in every way better than on admission; wheezing not so loud, râles fainter; and he is now as well as usual. Never any albumen in urine.

His appearance and symptoms on the 25th being so like Glover's on the 23rd, made it more than probable that the same cause had produced them. That this cause was congestion of the lungs, was made all but certain by its detection at her autopsy; by the benefit the boy got from medicine specially useful in such cases; by the absence in both of stridulous breathing, and the signs which invariably accompany contraction of the glottis; and in the girl of any old change of structure, to cause sudden death. The state of the lungs, therefore, was not, in either case, from a contracted glottis, for the latter's symptoms were never observed either in the boy or indeed in the girl, so that it must have been the antecedent affection.

In such cases, tracheotomy could not be useful, and the only measures likely to be so would be those able to aid in removing congestion. But you will naturally inquire, why the state of the lungs was not detected at its commencement? The answer is, that our attention was not attracted by any visible respiratory disturbance. Organic affections of the lungs are amongst the sequlæ of scarlet fever, but are not expected at its early stage, so that we did not make that examination of her chest, necessary to detect the slight congestion which existed, and which would not have been fatal unaccompanied by fever. In the boy's case we were on our guard from what we had seen of the girl, and therefore made a proper examination, discovered the state, and administered remedies, which, as you saw, restored him, while apparently dying. In typhus of a certain type, this form of congestion, without dyspnœa either visible or complained of, is common; we are therefore always on the watch for its first symptom. But not so in scarlet fever; for death in its early stage—that is soon after the appearance of the rale—is referred to the shock given to the system by the poison. In a later period of the same stage, but before the eruption is gone, it is usually ascribed to the state of the throat, and the depression of the vital powers, which are thought to be the later effects of the same cause; and it is only after the complaint is over that organic disease of the kidneys, lungs and bronchi are believed to occur.

Now, from these two cases, I suspect that often when debility and the throat affection are supposed to be causing death, congestion of the lungs is the real agent, and that these are merely its effects or consequences. To determine this I shall solicit the aid of my medical friends who see much scarlet fever among the poor to examine those who die of it, to record the alterations of structure they observe, and the stage when their

signs were first noted; and until statistical inquiries remove all doubts as to the cause of the peculiar symptoms observed in the last two cases, to try tartar emetic whenever they present themselves. Meanwhile let us learn that in the early stages of other fevers than typhus, congestion of the lungs may take place, and that from the diminished sensitiveness to the want of air which probably all fevers produce. Such a condition may be unknown to the patient, and not marked by the symptoms always observed, when there is no specific fever to mask them, and therefore, that in all fevers we should examine the lungs daily.

THERAPEUTICAL RECORD.

(Brit. & For. Med. Chir. Review, April, 1853.)

Ascites.—Teissier relates three cases of ascites treated by iodine injections, composed of 60 to 70 grains of iodide of potassium, 7 to 10 drachms of tincture of iodine, in 6 ounces of water. The iodine was rapidly absorbed and excreted through the kidneys. M. Ore has used iodine injections in 5 cases; two were cured; three died, but not from the injection. The first effects were sinking, pallor of face, lowering of pulse, and severe pain; in ten minutes these symptoms went off; subsequently there was heat, pain, fever, some meteorism, colic, and sleeplessness. No important peritonitis, however, ever appeared to come on. The strength used was one part of the tincture to three of a vehicle. The remedy is contra-indicated in ascites, dependent upon heart or liver affection, or when there is kidney disease. When the ascites is from peritonitis, or follows ague, the injection is to be used.

Ague.—Dr Galamini speaks in strong terms of the febrifuge power of sulphate of quinine when combined with equal parts of tartaric acid—a much smaller quantity of the alkaloid so administered sufficing. During an epidemic of ague, it was given in 43 cases, in 31 of which it speedily effected a cure. In 21 of these, half a scruple sufficed, while in 10 others it required more continued use. In most of the cases, there was hyperæmia of the brain or bronchial membrane, enlarged spleen, or gastro-biliary derangement, requiring the preliminary employment of bleeding or purgatives. Of the 12 other cases, 5 had relapses; in 3 no effect was produced; in 4 the above named irritative symptoms returned.

Convulsions Puerperal.—Mr. Bolton relates a case in which severe puerperal convulsions, coming on immediately before labor, and unchecked by depletion, were completely arrested by the inhalation of chloroform. Dr. Holst, in a bad case of puerperal convulsions, attended with great rigidity of the os uteri, threw up warm water against the os uteri for six minutes, as in Kiwisch's method for bringing on labor. The os speedily dilated, and labor was completed by the forceps.

Diabetes Mellitus.—Dr. Hanekroth recommends a mixture of sulphate of iron ʒiss. tinct. cinch. c.; aq. menth. ana. ʒvi.; 20 to 30 drops every two hours. In two cases there was perfect recovery. Mr. Sampson states that the permanganate of potash grs. ii.—v. in solution thrice daily, has a marked effect in reducing the quantity of urine in cases of obstinate dyspepsia, and in diabetes mellitus. In a case of the latter dis-

case, the quantity of urine fell from 10-12 pints to its normal amount, but still contained sugar.

Diarrhœa.—Mr. North, in noticing the employment of *dilute sulphuric acid* (in 3ss doses every 2 or 3 hours) states that it is in the serous forms, especially when attended with cramps, that it is most useful.

Neuralgia.—Cazenave recommends in facial neuralgia an ointment composed of chloroform 20 parts, prussiate of potash 10 parts, and lard 60 parts: a piece the size of a walnut to be rubbed over the painful part. An oiled-silk cap is then to be worn for some hours.

Ulcers.—Mr. Hancock has employed to phagedænic ulcers undiluted chloroform, as a local application, with benefit. The pain is severe, but not so much so as from the use of strong nitric acid; the effect is equally useful. Melicher recommends a solution of *gutta percha in chloroform* for the purpose of covering scrofulous and indolent ulcers, and protecting them from the action of the air.

Vomiting.—Dr. Inman recommends chloroform (five drops with water) by the mouth in sympathetic vomiting. It is less nauseous than creasote.

PERISCOPE.

Fusel Oil in Phthisis.—Dr. Storer remarked, that during his last term of four months' attendance at the Massachusetts General Hospital, he had administered the fusel oil in several cases. In only two of these cases, however, had it been taken any length of time. They were now referred to, that the attention of the members of the Society might be directed to the subject; that they might test the value of the oil as a remedial agent. In the cases now noticed, although no perceptible change had been brought about in the physical signs during its use, great relief had been produced of several of the most annoying symptoms.

Susan Lynch, aged thirteen years. Ireland. Entered hospital Sept. 1st. Some dulness observed on percussion over right scapula; well-marked submucous rale; bronchophony; dulness on percussion under right clavicle; crackling, and pectoriloquy.

Ordered fusel oil, three drops in a drachm of wine, to be given three times daily.

Oct. 27. Cough lessened; weighs ten pounds more than upon entrance.

Ann Ferguson, aged twenty-two years; domestic; born in Ireland. No hereditary predisposition to disease; well until three and a half years before entering hospital, Aug. 13, 1852. After a day of hard work and exposure, took cold, and has suffered from cough ever since. Had hæmoptysis two and a half years ago, very slight; and again, about one week since, raising a few mouthfuls. Cough now most urgent in mornings. Has chills, heats, and night-sweats; has lost flesh since last spring; expectorates thick yellow matter.

Aug. 13. Dulness on percussion beneath right scapula with increased resonance of voice and muco-crepitous rale. Also muco-crepitous rale and resonance of voice below right clavicle; expectorates a thick muco-purulent matter, a portion of which is slightly tinged with blood; nails adunque; weighs 102 pounds.

Ordered fusel oil, five drops in a drachm of wine, three times daily, immediately after each meal.

Sept. 2. Cough has diminished since taking oil; is much more comfortable; experiences no inconvenience from cough.

Oct. 8. Weighed yesterday 109 pounds, having gained seven pounds since entrance.

Dr. C. E. Ware reported a gain of ten pounds of flesh in a patient, in eight weeks, under the use of *palliatives* merely; the case being one of phthisis, and aggravated also. In three cases in which Dr. W. had used the fusel oil, it was borne well as far as the dose of eight drops; there was no perceptible effect from its use; death took place in each of the cases. Few patients can bear large doses, in Dr. W.'s experience; he now has one who takes fifty drops, *ter die;* and another who takes thirty drops as often; he has never observed pain in the bowels from the use of this medicine.

Dr. Gray asked if Dr. Storer's patients at the hospital were *not better fed and cared for*, while there, than previously; and if this should not enter somewhat into the case as an element in the causation of increase of flesh, &c.?

Dr. Minot, who had charge of one of the above patients, previously to his entrance at the hospital, said that his *cleanliness* was vastly improved by the change; also, that at his home, the *ventilation* was excessively bad; his food had, probably, always been sufficient.

Dr. Gray said he had tried the fusel oil in one instance, but it proved so disgusting to the patient that it was discontinued.

Dr. Hayward, Sen., thought that Dr. Storer's cases must be received with a degree of caution; the change in comfort and nutrition the patients experienced at the hospital is certainly an element of importance in the treatment. To test any medicine fairly, the patients must be kept in the same hygienic condition, continuously, during its trial.

Dr. Storer said he did not wish to avow his faith in the fusel oil; nothing else was taken, however, and it certainly had a marked sedative action.

Dr. Jackson remarked that phthisical patients do not, usually, improve at the Hospital, but the reverse; he considers the results in Dr. Storer's cases as very striking, under the circumstances.—*Boston Society for Medical Improvement.*

On Chronic Rheumatic Arthritis.—Mr. Canton stated that he had brought this subject under the notice of the Fellows of the Society, in consequence of the frequency of the occurrence of the disease, its intractable nature, and its being also one which was alike interesting to the surgeon and physician. This obstinate malady invades both the small and large articulations, and equally may it affect those of the fingers and toes, or of the knee or hip, inducing in them the most unsightly deformity, and permanently impairing their functions; so that the power of prehension is lessened or lost, and locomotion is perverted or prevented. The joints of the lower jaw may experience the attack, when discordance of speech ensues, and mastication of food becomes difficult. The spinal articulations may suffer, and the body become irremediably contorted, whilst internal organs are thereby secondarily and often seriously affected.—Exostoses very commonly spring forth from the joint-ends of bone; cartilaginous may lie, in large numbers, free in the articulation; whilst the neighboring tendons, enveloping ligaments, and other adjoining fibrous textures, are more or less encroached upon by ossific deposits, all of which must, in their progress of formation, press injuriously upon the nervous filaments in their locality, and

thus superadd continued irritation, whilst they are establishing insuperable disfigurement and impeding freedom of movement. Alike may all the varieties of joints be affected—from the simple arthrodia to the perfect enarthrosis: and these, even in their minutest examples in the body, (articulations of the internal ear-bones,) may succumb I believe to an invasion of this disease and loss of hearing ensue. On this latter point however I merely surmise, but analogical considerations support the probability. The causes of this disease were next discussed, and a case quoted from Dr. Todd's Croonian Lectures, in which it had affected all the joints of a poor girl twenty-five years of age. In speaking of the porcellaneous deposit so commonly seen in parts where the articular cartilage has been lost, it was remarked this was formerly thought to be due to a new deposit, but Professor Quekett finds that the extremities of the Haversian canals which became exposed were then filled up by osseous matter, and that subsequent friction merely established eburnation, much in the same way that the French-polisher plugs up with wax the pores and fissures of open-grained wood before he can hope by friction to establish a gloss upon it. The other morbid appearances were severally considered, and the difference of the appearances they presented from those arising from inflammation of joints pointed out; and it was also noticed that the changes very commonly exhibited examples of that symmetry of disease which had been especially commented on by Dr. Budd and Mr. Paget. The symptoms accompanying the affection were then detailed, and their analogy to those occurring in rheumatism, and at the same time their difference from them, pointed out. Here, as in other instances of disease which are the offspring of constitutional taint, we sometimes find that the onset of the symptoms may be ascribed to some violence which has been inflicted upon the articulation; and in such cases we have the same train too of morbid changes ensuing in the joint tissues as those already sketched out. It is in these examples that the surgeon has not unfrequently been scandalized for want of professional acumen in failing to detect and determine the exact nature and extent of the mischiefs; and after a time, when the patient leaves his bed and moves about, it is found that the lower limb, for example, is shortened, and the foot more or less everted, in consequence of a blow which has fallen upon the trochanter major, but which at the time produced no further violence than a contusion, though resulting in the establishment of chronic rheumatic arthritis of the hip. A fracture within or near the capsular ligament is presumed to have happened and been overlooked; and when death occurs an examination of the upper end of the femur shows the neck of the bone more or less absorbed, the head sunken and resting on the trochanter major, with irregular and exuberant bony growth around the supposed site of the cervical fracture; and in a word the specimen is said to prove the ignorance of the surgeon in not detecting the mischief, and the skill of nature in repairing it. Such false deductions however will not be drawn by those who are conversant with the morbid anatomy of chronic rheumatic arthritis. The case of Mr. Matthews, the comedian, was given at length, and the error described which Mr. Snow Harris had fallen into when he presented to the Medical Section of the British Association, in 1836, the upper part of the thigh-bone from this patient as an example of long union of an intracapsular fracture. The real bearings of the specimen had been pointed out to the satisfaction of Mr. Harris and the meeting, by Mr. Adams, of Dublin, and the instance proved to be one of the morbid character above mentioned. How fully conversant ought we to be with facts such as these; for, a person who had been for some time laboring under this affection

of the hip-joint may fall, strike the part, and, when submitted to examination, be pronounced upon as having fractured the cervix femoris within the capsule, and the opinion be grounded upon such facts as a shortened limb, everted foot, increased pain in the sedentary posture, articular crepitus on rotation, advanced age, and the slight cause producing the symptoms, &c. I need not dwell upon the surgically inflicted misery which the unhappy victim of rheumatism may have to succumb to in the absence of a knowledge of the complaint under which he really labors. In respect to the shoulder-joint, errors had very commonly been committed; and the post-mortem appearance of chronic rheumatic arthritis had commonly been attributed to the result of violence which had caused a rupture of the articular portion of the long bicipital tendon, and allowed thereby of an upward dislocation of the humerus. The names of those by whom such mistakes had been committed were mentioned, and the morbid anatomy of the rheumatic complaint, when implicating this joint, fully explained, in proof of the position advanced by the author of the paper. Lastly, the cases of dislocated toes which were exhibited by Mr. Coulson to the Medical Society in 1850, were demonstrated from fac-simile specimens then before the fellows, to be instances of this rheumatic affection. The above observations will tend to show that the present subject is one which will yet bear a little more consideration at the hands of the surgical section of our profession than it has generally received. The principles upon which the treatment should be conducted were explained, and those internal medicines and local applications described which should be employed; and, in conclusion, it was stated that the present subject had been brought under the consideratian of the fellows by the author, as one which he believed might, with profit, engage their attention; one which presents so many features of high interest both to the surgeon and physician; and one which, from its frequent occurrence, its intractable and painful nature, its implication of the young, the adult and the aged; its slow and stealthy, but certain and destructive encroachments, might well urge them to discuss its nature and progress, and tax their skill for its relief and cure.—*Lancet.*

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

To Subscribers.—As very few numbers, comparatively, of the "Medical Chronicle," have been returned, we would respectfully direct the attention of intending subscribers to the statement made in our first, viz: That after the third issue the Editors will not consider themselves obliged to transmit the fourth and succeeding numbers to any gentleman except those who have sent in the amount of their subscription. We notice this the second time, for the purpose of obviating any feeling of disappointment should the Journal not be received by some gentlemen after the fourth number has been issued. We would at the same time reiterate the promise to enlarge the "Chronicle," as soon as the amount received warrants us in so doing. In this matter we are merely the servants of the profession and shall obey its dictum.

To those friends who have already remitted their two dollars, we tender our thanks. We transmitted acknowledgments on the receipt of the monies, which we hope they duly received.

COMPULSORY VACCINATION.

Small pox has always been a loathed and dreaded disease. Nor is this to be wondered at. The hideous disfigurement of the features which is present during the different stages of the eruption, and the heavy, disagreeable odour which emanates from the person of the patient, particularly during the periods of maturation and desiccation, render him, for the time, an object of disgust even to those most nearly related to him by ties of consanguinity or affection. The deep pits and seams, moreover, the results of the cicatrization of the pustules, which too often remain after the subsidence of the eruption, is not less distressing to the friends than to the person affected, from the great and permanent alteration which they make in the personal appearance of the individual. Since its first outbreak in Arabia, in the era of the Hegiera, A. D. 622, down to the present time, it has been distinguished, in its different epidemic visitations, by a rate of mortality greater than obtains in many other diseases. This, in conjunction with its repulsive character, sufficiently accounts for the manifestation of dread which is usually exhibited by the great majority of persons as it approaches a place, or makes its appearance among a community.

The Asiatic and Northern African nations appear to have practised inoculation for small pox many centuries before its introduction into Europe. They, at an early period, became cognizant of the benefits to be derived from the induction of the disease in a person previously prepared for its reception, particularly at a time when the prevailing epidemic was mild in character. They observed that inoculation, under such circumstances, produced a disease of far less severity, and one which was not as liable to terminate in death. The practice was adopted in Constantinople at the end of the 17th century; and the first inoculation in London took place in the year 1721. It was introduced into the latter place by Lady Mary Wortley Montagu. From thence it spread slowly, meeting with great opposition; but towards the latter part of the 18th century, it was generally practised throughout Europe. Just at this period, 1798, Dr. Jenner announced to the world his immortal discovery of Vaccination. One would require to be familiar with the fearful accounts which have been transmitted to us, of the great malignancy of small pox during past ages, to duly appreciate the vastness of the blessing conferred on mankind by this apparently simple discovery. The older authors abound with heart-thrilling descriptions of cities depopulated—populations decimated, or almost entirely swept away, and kingdoms

thrown into mourning and distress by this fearful scourge. The practice of vaccination was, at first, strenuously opposed by certain parties in England ; but, in a few years it became universal throughout Europe and America, and some parts of Asia, and the discoverer was every where lauded as a benefactor of his kind. Inoculation was now almost altogether thrown aside. Some persons, however, continuing to prefer it to vaccination, a law was passed by the Imperial Parliament, in the year 1840, prohibiting the practice of inoculating with the matter of small pox throughout England and Ireland, under heavy penalties.

It is a singular fact that, while countries abroad have adopted a different course, in Great Britain, where the protective virtues of the vaccine virus were first discovered, no governmental action has been taken, until lately, for the purpose of making the practice of vaccination obligatory. England and France are the only two countries in Europe where vaccination is left to the option of parents or individuals. A bill, however, has been recently brought before the house of Lords, by Lord Lyttleton, and ordered to be read the third time, for the purpose of extending the practice of vaccination in England. In this bill his lordship does not interfere in any way with the act now in force, but rather seeks to extend its provisions. The law, as it exists at present, empowers the guardian of every Union to contract with a medical man to perform vaccination on the children of all who choose to avail themselves of the opportunity. His lordship, in addition to this, would make vaccination compulsory by pecuniary penalties, as now obtains in Hanover, Bavaria, and Sweden. Some very striking statistics were brought before the notice of the house, shewing the marked infrequency of small pox in those countries where through the stringency of the laws, persons were obliged to get their children vaccinated, and the obvious effect which vaccination has on the multiplication or declination of the disease in proportion to its restriction or extension. " The average of deaths," said his lordship, " from small pox out of every 1000 deaths from all causes within the bills of mortality were in the 10 years preceding 1760, 100 ; 1770, 108 ; 1780, 98 ; 1790, 87 ; 1800, 88 ; 1810, 64 ; 1820, 42 ; 1830, 32 ; 1840, 23 ; 1850, 16. If he came to particular cases, he found that Mr. Sivett of Wells mentioned a village in which there had been no small pox since 1837. In Chelsea Royal Military Asylum, in 48 years, on an aggregate of 31,705, not one death had occurred from small pox after vaccination, and only four from second attacks of unvaccinated persons. In Ahmedabad, in Bombay, where vaccination was introduced in 1817, it became general in 1825 and small pox had since been unheard of. In Hanover, in 1847, of 45,830 deaths, there were only eight from small pox. In Denmark, at one period small pox had entirely disappeared, so universal was the practice of vaccination."

In comparing the two systems of compulsion and non-compulsion, he would present two extreme cases :—

" In Ireland, where the greatest ignorance and prejudice might be supposed to prevail on the subject, no less than 58,000 persons had died from small pox in the ten years ending 1841, and in subsequent years the state of matters was not much improved. That was one extreme. The other occurred in a part of Europe where the material condition of the population was extremely good—he referred to Lombardy. In Connaught, which might be considered the part of Ireland where vaccination was most likely to be neglected, the number of deaths during the ten years ending 1841 were 60 in 1000 ; in Lombardy they were 1½ in 1000 or 3 deaths in 2000. These were the two extremes. The average mortality of late years in England and Wales only, excluding Ireland, which would make the statement worse, and excluding Scotland also, regarding which country the same might be said, although there were no returns on the subject,—the average number of death in England and Wales during 8 years, was nearly 22 in 1000 ; whereas in a long list of countries in which vaccination was compulsory, it ranged from 8 in 1000 in Saxony to the 1½ in Lombardy, and the average was not quite five. These facts show that in this country the mortality from small pox was four times as much as it was upon the Continent."

The Earl of Shaftesbury said :—" The growing increase of small pox had been attributed to diminution in the protective power of vaccination. However, all cases, when examined, confirmed its protective power.—The principal vaccinator of the metropolis, the resident Surgeon of the small pox hospital, had vaccinated during the last 18 years upwards of 40,000 persons, and, up to the present time, he had met with no instance of any one of those persons having been attacked by the small pox.—Let them look now to the effect of compulsory enactments. They would find that where vaccination was compulsory, small pox was least fatal. In Prussia it was compulsory, in Copenhagen it was nearly so, and in London and Glasgow it was permissive. There were, in every 1000 deaths in Prussia, 7.5 of small pox ; in Berlin, 5.5 ; in Copenhagen, 6.75 ; in London, 16 ; in Glasgow, 36 ; in Greenock, 34.6 ; in Bohemia, 2 ; in Lombardy, 1.5 ; in Venice, 2.2 ; in Sweden, 2.7. In Copenhagen, during 13 years—from 1811 to 1823—there had not been one fatal case of small pox in a population, at that time of 100,000. Vaccination was not compulsory in France ; but the vaccine committee in their last report, advised that France should at length follow the example of many other nations. The deaths were about, in every 1000, 10.5 per cent ; and the number had been only repressed by the exertions of government."

These very important statistics satisfactorily establish the undoubted protection which vaccination affords against an attack of small pox : and

the conclusion is irresistibly forced on our minds, that if it were possible to have every individual in a community properly vaccinated, small pox would soon be a disease of extreme rarity, if it did not disappear entirely from such community. In further substantiation of this, we have the facts embodied in a paper, "*On the protection against small pox afforded by vaccination, illustrated by the returns of the Army, Navy, and Royal Military Asylum*," recently brought before the Medico-Chirurgical Society of England, by Dr. Balfour. According to this gentleman's statistics, it appears that in eight years, from 1844 to 1851, out of a total number of 1,125,854 soldiers, only 745 cases of small pox occurred, or 66 to every 100,000 men; while among 363,370 sailors, there were 417 cases of small pox, or 115 in every 100,000 men. The deaths from small pox have been only 130 in nearly 1,500,000 men. When it is considered that soldiers and sailors must be frequently in parts of the world where small pox prevails extensively, these statements speak loudly in favor of the protective influence of vaccination. It is, therefore, a wise and humane act on the part of the Imperial Legislature, to oblige, under penalty, every individual in Great Britain and Ireland to undergo vaccination. By so doing, they adopt the most certain plan of entirely eradicating small pox.

We have no hesitation in asserting, in the light of the foregoing facts, that it is the manifest duty of the Legislature of every country, showing a ratio of 10 deaths from small pox to every 1000 deaths from all diseases, to protect the citizens, in like manner, from this loathsome and fatal disease. In estimating the merits of this question, more should be taken into consideration than the immediate mortality of, and alteration of features left by, the disease. From its usually attacking persons while they are in the state of infancy or childhood, before the processes of growth and developement have proceeded to any extent, those who recover are left in a condition not at all favorable to the production of robust, healthy manhood. The whole mass of blood has been poisoned, and the system has received a shock from which it seldom completely recovers. Infirmity of constitution, and consequent liability to various diseases, is entailed upon the individual for life. Nor is it physical perfection alone that is interfered with. The retarding and deteriorating influences which date their origin from an attack of small pox, are quite as inimical to mental as to bodily development.

There are few countries where compulsory measures, to ensure general vaccination, are more imperatively demanded than in our own. Small pox is constantly in our midst. Sometimes occurring sporadically; at other times, as during the last winter, prevailing epidemically. In Lower Canada, of which we speak more particularly, the same prejudice appears to exist among our Franco-Canadian countrymen against vaccina-

tion, as is found to prevail among the population of Connaught and other parts of Ireland. Inoculation is regarded by many with more favor, as the Bill brought forward in the House by the Hon. Mr. Belleau, and published in our present number, sufficiently evidences. To those two causes then—prejudice against vaccination, and the practice of innoculation—we are, in a great measure, indebted for the continual presence of small pox amongst us. By the passing of the Bill mentioned above, a remedy has been provided for one of the existing evils. And we trust that the next meeting of Parliament may not be allowed to pass over, without something being done to remove the remaining and principal evil. *Vaccination must be made compulsory by legislative enactment, if we are ever to rid the country of this repulsive disease.*

The question may here be asked,—What proofs have you that the mortality from small pox, as compared to the mortality from all diseases in Canada, is in the proportion of 10 to 1000? We admit the difficulty of the question. The want of a complete system of registration in the Province, makes it impossible to obtain returns of the whole number of deaths from small pox or any other disease. We think sufficient information may be gleaned, however, by patient and careful enquiry, to enable us to arrive at satisfactory conclusions on the subject.

The corporation of Montreal, some years ago, had printed forms struck off and sent to the different medical men of the city, on which, among other things, the disease of which the patient died was to be recorded. Bills of mortality were made out, by Dr. Hall, from those records, and published in the "British American Journal." The poverty of the corporation in 1848, was the excuse offered for refusing the paltry sum necessary to keep up this very important registration. As the city funds are in a flourishing condition at present, we hope the Health Committee will recommend the appropriation of a sum sufficient to pay for the printing of similar forms, to be distributed, as before, among the Physicians of Montreal. By an examination of these bills, we find that, from December, 1846, to March, 1848, inclusive, there occurred, in the city of Montreal, 5,811 deaths from all causes; whilst during the same period, there were 87 deaths from small pox. Thus, then, the mortality from small pox, as compared with the mortality from all diseases, for two years and three months, proves to be 15 to every 1000. And if we were to deduct the 1462 deaths which took place in June, July and August of 1847, during which three months typhus fever was epidemic, the proportion would be much greater.

For the last year small pox has been epidemic in Montreal. The only source from which we could obtain information regarding its fatality, was the register of deaths kept in the Seminary. The books were kindly placed at our disposal by Mr. Sancer. This gentleman, who makes the

entries, stated that he feels convinced that many children who are entered without the name of the disease being appended, died from small pox. Those which we have selected were in every instance marked distinctly as having died of "Variola." There were, from the 2nd November, 1852, to the 1st January, 1853, 286 persons interred in the Roman Catholic burial places of the city. Of these 286, eleven died of small pox; the proportion to 1000 being 31.1. From the 1st January to the 30th June, 1853, the number of interments were 1065, of which 58 died from small pox. The mortality rising in those eight months to the high ratio of 54.4 in every 1000 deaths from all causes.

We are certain that, were it possible to obtain correct information as to the number of deaths which have occurred from variola during each year, for the last five years, throughout Canada, the ratio in which they would stand to all deaths that have occurred during each year for the same period, would vary between 15 and 60 in the 1000. It is high time, therefore, that something were done to check the ravages of this scourge.

We purpose taking up the consideration of this matter at some other time, when we hope to be able to lay before our readers additional information. If, in the mean time, some of our correspondents would send us an account of the relative mortality of small pox during the last one or five years in their own locality, we shall esteem it as a great favor, and shall duly acknowledge their communications when we write again on the subject.

Bill to restrain the Practice of Inoculation.—At the close of the recent Session of Parliament, on the 14th June, the Governor General was pleased to give his sanction to the following Bill:—intituled, "An Act to restrain the injurious practice of inoculating with the small pox."—The preamble and enacting clause of the Bill read thus:—"Whereas it is highly expedent to restrain the injurious practice of inoculating with the natural small pox (variola); Be it enacted, &c., That any person who shall produce or attempt to produce, by inoculation with variolous matter, or by wilful exposure to variolous matter, or to any matter, article or thing impregnated with variolous matter, or wilfully by any means whatsoever the disease of small pox in any person in this Province, shall be liable to be proceeded against and convicted summarily before any two Justices, and for every such offence, shall upon conviction, be imprisoned for any term not exceeding one month."

College of Phhysicians and Surgeons.—We would beg to remind the members of the College of Physicians and Surgeons of Lower Canada, that the triennial meeting takes place on the 13th instant, at Three Rivers.

English Periodicals.—By an advertisement on our cover, it will be perceived that Mr. Dawson offers to supply the three leading English Medical periodicals at a much reduced rate. This is an excellent opportunity to obtaim the Journals mentioned, which should not be neglected by those who have not already subscribed to them.

HOSPITAL REPORTS.

MONTREAL GENERAL HOSPITAL.

Extensive Fracture of Skull; Wound of Meningeal Artery; Symptoms of Compression;—Operation; Death in 25 hours.

(REPORTED BY MR. JOHN D. CLENDINNEN.)

Aubert Gruleau, a Canadian æt. 17, apparently a strong, vigorous lad, was brought to the Montreal General Hospital about 1 o'clock A. M., 4th June, 1853, in an unconscious state, and laboring under symptoms of Compression of the Brain, with very severe spasmodic action of right side, occurring at intervals of a few minutes.

His companions stated that he had been a sailor on board the Barge "La Reine Blanche," and about 2 hours previously (11 o'clock P. M. 3d.) whilst lowering the sails, by means of a windlass, the latter flew violently round and struck him on the head, knocked him down, producing immediate insensibility, which remained since. On admission, there was considerable effusion under scalp, at each parietal protuberance, with signs of depression on the right side; the feet were very cold, head and remainder of the body warm; his head was shaved, and on examination by Dr. Reddy (house physician) no external wound was visible, 10 grs of calomel were given immediately; hot water applied to the feet, followed by sinapisms to the calves of the legs, and 2 grs of calomel ordered to be given every hour, with the application of iced water to the head constantly till the usual daily visit.

12 o'clock, noon. The following appearances presented themselves: There was great effusion all over the scalp, depressions however perceptible, particularly one on right side; complete paralysis of left side of the body with Anæsthesia, left eye alternately dilated and contracted, and constantly in motion; violent convulsive jactitation of extremities of right side, occurring about once every minute; right eye permanently dilated, lids generally closed, breathing stertorous and rapid, and pulse very variable, full, slow, and averaging 68. Upon making an incision into the scalp over the depression, a considerable quantity of dark blood escaped mixed with portions of brain.

After a consultation with Dr. Fraser, Dr. Sutherland extended the opening, and with a pair of forceps and elevator, extracted 3 pieces of the parietal and temporal bones, which were not more than $\frac{1}{8}$ of an inch thick, and altogether about 3 inches long, by a little more than 1 inch in breadth; a good deal of hemorrhage followed, which was stopped by the formation of a clot and the application of lint and cold water.

$\frac{1}{2}$ past 1. Has had several convulsive attacks, some exceedingly violent and chiefly affecting the right arm and leg. Pulse 154, full and soft. Breathing stertorous; respirations numbering 60 per minute; pupils of both eyes dilating and contracting.

$\frac{1}{2}$ past 2. Has had severe convulsions, shows no signs of consciousness, but still retains the power of swallowing. Pulse cannot be counted, respiration 50, and more oppressed.

$\frac{1}{4}$ to 3. Has just had a severe rigor, affecting the right side only, pulse 160, raised his head and swallowed a spoonful of water.

$\frac{1}{2}$ past 3. Pulse 104, pupils contracted, skin moist and warm, has had no return of rigors or convulsions for some time.

$\frac{1}{4}$ past 4. Pulse cannot be counted, respirations 58, slight occasional jactitations principally of right side, appears more sensible, and swallows water with apparent ease.

5 o'clock Pulse 136, made an attempt to speak but is unintelligible, breathing not so stertorus, Respiration 52.

$\frac{1}{2}$ past 5. Pulse 104, very weak, skin cool and bedewed with clammy perspiration, he had several convulsive paronpsms, during which the breathing was hurried and laborious, in the interval easy, made another attempt to speak, and articulated two words in French distinctly.

$\frac{1}{2}$ past 6. Paroxysms more frequent and severe, pulse very weak.

$\frac{1}{2}$ past 7. Pulse very weak, cannot be counted, pupils widely dilated, but contract under the influence of light.

9 P. M. Passed a quantity of dark colored fæces involuntarily.

$\frac{1}{2}$ past 9. Spasms still continue at slight intervals, in consequence of fullness over Hypogastric region, Dr. Reddy introduced a catheter and drew off a few ounces of pale urine.

10 Spasms less violent and convulsions not so frequent.

11 Convulsions as before, respiration irregular and panting, averaging about 72, symptoms of complete stupor present, coma afterwards came on, and he died at 29 minutes to 12.

Post Mortem Examination, 17 hours after death.

On dividing the scalp, there was considerable effusion of blood, between the pericranium and scull, so that the scalp could be detached without difficulty. There was a large opening on the right side covering the situation of the parietal protuberance, corresponding to the portions of bone removed previously, extending downwards, the fracture passed through the petrous portion on temporal bone of the same side into the fissura glaseri, extending upwards it opened out the coronal suture, passing across the sagittal suture and extending to the petrous portion

of the temporal bone of left side, the arteria meningé media was ruptured, at the part which corresponded to the opening, the brain was broken up, the cavity being filled with clotted blood, but not extending into the lateral ventricle. The same thinness which the pieces presented was observable over the entire skull, it being scarcely ⅛ of an inch thick in any part,

MEDICAL NEWS.

The Lord Mayor and Corporation of Dublin have caused a new petition to be framed, to be presented to Parliament, praying, that the grants to the Dublin hospitals may be restored to their original amounts and placed upon a permanent footing.—A Bill for the more effectual carrying out of a proper system of medical registration in Ireland will be shortly introduced by the Right Honorable the Chief Secretary for Ireland.—M. Paul Dubois, the senior member of the Faculty of Medicine has the appointment of accoucheur to the Empress of France. His father, M. Antoine Dubois, attended Marie Louise on the occasion of the birth of the King of Rome.—The Prefect of Police at Paris has issued an order prohibiting the use of any coloring for sweetmeats excepting prussian blue, chalk and ochre. He likewise cautions the public against the use of copper vessels, and threatens the adulteration of milk with marked punishment.—The Fothergillian gold medal for the best Essay on wounds and other injuries to the abdomen has been awarded to Alfred Poland, Esq., Assistant Surgeon to Guy's Hospital.—All persons found drunk in the streets of Clonmel, are sent to gaol, and there subjected to the operation of the stomach pump for which the apothecary is paid 7s. 6d. in each case.—The Physicians of Singapore, recommend the coffee leaf as a substitute for the berry.—A Surgeon writing from the gold fields, says he has discarded the lancet and is now opening veins with a pickaxe.—Death from chloroform lately happened in the University College Hospital, London,—where, during four years, only one fatal case occurred in 1600 instances of its employment; it had been used previous to the application of nitric acid to a sloughing ulcer of the labia and vagina. The jury returned a verdict, "that the death was caused by paralysis of the heart, produced by the influence of chloroform, casually, accidentally and by misfortune."—A commission *de lunatico inquirendo* has pronounced Mr. Feargus O'Connor of unsound mind.—In London, during one week the births of 892 boys and 924 girls, in all 1816 children were registered. In the eight corresponding weeks of the years 1845-52 the average number was 1473.—Miss Hardwick, the daughter of a deceased Surgeon who for many years lived an eccentric life, secluded from the world, lately died and left £18,000 to be divided among the different medical charities of London.—A committee with Professor Graham at its head, composed of most of the scientific celebrities of the day has been organized to present an honorary testimonial to Professor Liebig, on the occasion of his retirement from the University of Giessen, and his appointment at Munich.—The Horse Guards has lately increased the allowance of 4s. for each "line recruit", approved at head quarters.—Professor Syme has received a verdict in his favor in the action brought against him by Dr. F. G. W. Muller, for the publication of an alleged libel. The plaintiff by some extraordinary perversion of judgment had taken to himself some very severe remarks which had been directed by defendant against Mr. Lizars. —It is proposed in the *Gaz de Paris*, to inoculate with pus from a venereal sore for the cure of inveterate venereal disease on the isopathic principle or, at worse, to substitute a milder for a more severe form of syphilis with the belief that the one would supersede the other!

TO CORRESPONDENTS.

Dr Codd, Osgoode—Much obliged for his attention: hope he will be a frequent contributor to our pages. *Dr. Bethune*, Berthier—We shall endeavor to prevent the recurrence of a like mistake. *Dr. MacDonald*, Alexandria, has our thanks for his kind expressions and friendly intentions. *Dr Paquin*, St. Geneviève—The suggestion will be duly considered. *Dr Anderson*, North Georgetown—The first number was sent, out mis-directed "Georgetown."

BOOKS RECEIVED FOR REVIEW.

Taylor's Medical Jurisprudence, Blanchard & Lea, 1853. Simpson on Homœopathy; Paris Medicale; Warren's Cases of Occlusion of Vagina; and Report of Marine Hospital, Quebec.

Communications for the next number from Drs. McCulloch, Crawford, Peltier, and Hingston of Montreal, and Dr. Verrity of Hemmingford.

THE

MEDICAL CHRONICLE.

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ORIGINAL COMMUNICATIONS.

ART. X.—*An Adjuster for Fractured Clavicle*, invented by J. CRAWFORD, M.D., Lecturer on Clinical Medicine, McGill College, &c.

I beg leave to make your readers acquainted with an instrument I invented about 18 months ago, for the purpose of retaining fractured clavicles *in situ*, an object which I need scarcely say is rarely attainable by any of the contrivances hitherto in use.

Although a slight deformity and shortening of this bone may not impair the usefulness of the arm, it must be an object to prevent any deformity, especially to a female, and to remove an opprobrium from our art.

The apparatus most generally employed, "The *figure of* 8 *bandage*," with a pad in the axilla, and a sling for the support of the forearm, having for its object the projection of the point of the shoulder from the side, and with it the scapular portion of the fractured clavicle, and also keeping back the shoulder, is universally admitted to be not only inefficient, but also very disagreeable; *eighteen* yards of bandage, tightly wound round the shoulders and chest, is very inconvenient, by confining the motions of the chest, and respiration; and most especially in the female, by compressing the *mammæ* with its endless folds, which are also sure to cause excoriation in the vicinity of the axilla; and unless the folds are made adherent together by paste, soon become loose, and fail to keep the bones *in situ*.

The object and intention of this endless bandage is to keep the shoulders back, while the wedge in the axilla tends to remove the top of the shoulder farther from the body; the tendency of the bandage, however, will be found *to draw the scapula towards the sternum*, thereby causing an overlapping of the fractured ends, and *counteracting* the object aimed at. All other contrivances, as Heister's "iron cross," Brasdor's "corslet," Brunninghausen's "leather strap," are mere modifications of the "figure of 8 bandage," and possess no superiority over it. They are equally inconvenient, and even more so, while the patient is in bed, and are diffi-

cult to secure to the body, and therefore seldom employed. The great desideratum in contriving all these apparatuses, being to keep the shoulder fixed, at a proper distance from the body, and the arm sufficiently raised, to bring the broken portions of the clavicle into apposition. I am of opinion that the instrument which I recommend will accomplish this object, while at the same time it is not attended by the disagreeable pressure, and confinement of the chest, and excoriation, which are inseparable from the long bandage. *A part of the dress* should be interposed between the person and this instrument, which is for many reasons an advantage, especially to delicate females.

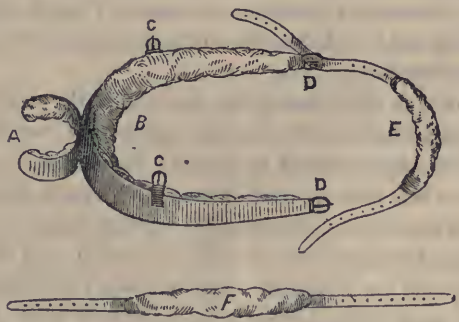
The adjuster consists of two pieces of *untempered* steel, bent in the form of forks, or somewhat like semicircles—one to enclose and fit the body, the other the arm. The body branch may measure 20 inches from point to point; the arm portion 6 inches; the breadth of the plates at their centre about 2¼ inches, where they are firmly rivetted together. They should taper towards the joints to about 1 inch, for the object of lightness; a sufficient degree of strength must be given to the plate, to prevent the instrument from changing its shape; which, if necessary to be done, to fit the shape of the body more conveniently, can easily be effected, by having the steel *untempered*. A broad plate is less likely to cause unpleasant pressure, than a narrower one.

It must be obvious that the instrument may be made to project the arm to any requisite distance from the side, by interposing additional cushions between the arm and fork, or between the side and fork; or if desirable, there may be a short *neck* between those parts of the instrument, where they are rivetted together. By this means the necessity of a wedge in the axilla, is obviated. The plates are covered with leather, and properly stuffed. There are two straps, one for buckling round the body, the other for crossing round the shoulder, to keep the instrument from falling down. A well contrived leather sling, is absolutely necessary, to keep the forearm and arm supported to a sufficient height; and a strap passing through a loop in the elbow piece of the sling, will bind the arm securely to the side. All these straps should be stuffed or padded, where they make pressure. The leather being unyielding, is preferable to any bandage. The arm, when buckled to the side, is to be supported perpendicularly, and the forearm horizontally across the abdomen; any crossing of the hand to the opposite shoulder, will tend to displace the fractured bone, and cause overlapping. The most easy position of the limb, will be found the most suitable, as well as the most endurable. I have only had two opportunities of trying the instrument, neither of which were favorable for the experiment, but still gave satisfaction, and proved the power the instrument possesses of confining the arm in the requisite position; one of the cases, was a troublesome lively boy, who

could not be kept quiet, and for whom the instrument was *too large*, as it had been made for a grown man; it nevertheless produced a satisfactory result. The other case was a short stout man, almost equally difficult to fit, with any apparatus. On both occasions the instrument appeared to fix the arm perfectly, and the apparatus did not appear to become displaced or loosened during sleep. Both cases did well. Dr. Reddy, House Surgeon, Montreal General Hospital, superintended the application of the instrument, and expressed his warm approbation of it.

The instrument may be found useful in fractures of the arm, or any other occasions where it may be necessary to fix that bone.

I added a padded strap, to form the figure of 8 bandage to the adjuster, but I now think this will generally be found superfluous. The principle upon which the instrument is contrived, is easily understood, and I presume is sufficient introduction for it, even without further trial. I therefore prefer giving it to the public for trial, rather than wait till I had other cases to record. The size and shape may, if necessary, be made to fit the patient.



(A—Fork for the arm. B—Fork to embrace the chest. CC—Buckles to attach strap F. D D—Buckles to attach strap E. E—Strap to bind the instrument round the body. F—Strap to pass over the shoulder and support the instrument—to connect with buckles C C.)

[Having recently treated a case of fractured clavicle, occurring in a female, with Dr. Crawford's "Adjuster," and leather sling, we consider it an apparatus eminently adapted to fulfil all the indications requiring the attention of a surgeon in the treatment of such fractures. When properly applied, the arm is immoveably fixed; the shoulder is kept out from the body in a direction upwards and backwards, and there is no chafing of the axilla, or undue pressure of the mammæ or chest.—Eds.]

ART XI.—*Two cases of early viability, and an interesting case of premature birth.* By M. McCulloch, M. D., M. R. C. S. L., Lecturer on Midwifery, McGill College, Physician to the University Lying-in Hospital, &c.

Mrs. Henderson, aged 28, the wife of a grocer in this city, had been married about a year, and was attended by me in her first labor on the 13th February, 1849. She was delivered of a son whose weight was ascertained by his father and myself not to exceed thirty-six ounces, and his length, likewise accurately taken, was fourteen inches. He had some hair on his head, and cried as soon as he was born. He was wrapped in cotton wool, and within twenty-four hours, sucked his mother's breasts without difficulty. Her nipples were well formed and she had already a sufficient supply of milk. On the 24th he weighed forty-seven ounces, and on the 13th March, when a month old, his weight was 3lb. 11 ounces, and length 16 inches. On 13th April, I put him again into his father's scales, and found his weight to be 5lb. 2 ounces, and length 17¼ inches. Up to this date his health had been so uniformly good that he never needed any kind of medicine, and he was, in every respect, except size, a fine thriving child. Soon after the commencement of the third month he was unfortunately exposed to cold and died of inflammation of the lungs, after being ill about a week.

The mother of this child could not remember the date of the last appearance of the catamenia nor when she quickened, but thought she became pregnant about the first of July, and if there was no error regarding this date, her son had been in utero seven months and thirteen days, and there must have been some check to his uterine progress, but if we take into consideration the favorable state of his health and daily increase in bulk after birth, and his immature weight when two months old, I think his mother may have been mistaken regarding the first of July, and that it is more probable the duration of his previous existence did not exceed the end of the sixth month.

Mrs. Galbraith miscarried on the 28th of January. She became again pregnant before the catamenia returned, and was delivered by me on the 23rd of July—175 days, or twenty-five weeks after the miscarriage. The mother refused to allow the child to be weighed, but I ascertained its length to be thirteen inches. It is probable that its weight was less than two pounds, and that the duration of pregnancy did not exceed twenty-two weeks. Notwithstanding, it survived three hours, and its cries were so loud and frequent during the first forty minutes as to astonish every one present.

Mrs ——, the wife of a former steward of the Montreal General Hospital, the mother of several children, had a child born within 6 months and 14 days of the possible commencement of pregnancy. Previous to this pe-

riod, she had resided some months out of town and menstruated regularly. She was the patient of a medical friend, and I had an opportunity of seeing the child about six weeks after its birth, when it was still very small, and I had no doubt of its being a satisfactory case of early viability. It survived, and is now upwards of 10 years of age: It took the breast well at birth. The testes descended, two months after birth, accompanied by a loop of intestine, producing scrotal hernia, which was radically cured by the use of a truss at the age of 18 months.

ART. XII.—*Treatment of Acute Articular Rheumatism by lemon juice.* By Hector Peltier, M.D. Edin, Professor of Institutes of Med, Montreal School of Medicine; Physician to the Hotel Dieu, &c.

I wish to place before your readers the result obtained by myself with lemon juice in acute rheumatism. I have now used it since 1850, and whenever it could be properly tested. It is to Dr. G. O. Rees, of Guy's Hospital, London, that we are indebted for the employment of this medicine in rheumatism. I cannot give any reliable explanation of its decided benefits, because alkalies act also beneficially in many cases of a similar kind. The way I employed it was simply by directing that the lemon itself should be sucked by my patients now and then in the course of the day. They never used more than two per diem. Under its influence, the pain and stiffness of the joints diminished in four or five days and sometimes sooner.

The cases I have had were genuine acute rheumatism, with all the characteristic symptoms present, but free from complication with any inflammation of the heart. I have had frequent opportunities of testing what I would call this invaluable, though simple mode of treatment in the Hotel Dieu of Montreal, as well as in private practice, for during the last winter and spring, rheumatism raged extensively in this city. I know well that all species of remedies have been tried in rheumatism, but none have given me so much satisfaction as lemon juice. As for colchicum, its reputation is losing ground, and I think with good reason. It is a powerful medicine, but has been used too freely, and given in altogether too large doses. From my experience, I am disposed to believe that the majority of practitioners will honestly confess that it has done more harm than real benefit in both gout and rheumatism, and as it has been lately remarked with great propriety by Dr. Bouchardat, in his annuaires de thérapeutique for 1852, "the greatest number of cases of death from gout or rheumatism is more attributable to colchicum than to the metastasis of the disease, as we are prone to say when a bad result supervenes." Salines are very useful in acute rheumatism, and form the

best purgatives that can be employed. I am in the habit of prescribing them once or twice a week in connection with the lemon juice throughout the duration of the case. Iodide of potassium I also use, but only in the latter stage, as an alterative.

Dover's powder I have given at night to allay any irritation. Fomentations of the joints I order but seldom, and very sparingly, because they give more trouble than real advantage.

As an illustration of the preceding remarks, I will mention one case in particular that I treated in February 1853, which gave me a good deal of uneasiness on account of advice repeatedly offered to the patient by his surrounding friends. Mr. J. L.* * *, a gentleman connected with the first banking institution in Canada, was affected with acute rheumatism. Every joint was immovable, the pain intense, skin hot and perspiring profusely, pulse 110. From past results with lemon juice, I decided to use it, and directed two lemons to be sucked daily, confining him to low diet, and barley water as drink. Nothing else was ordered, but an occasional saline draught.

The improvement became sensible in less than a week afterward.—During this period many friends called upon my patient, each one giving in his opinion, &c., all, I regret to say, against my mode of treatment.—Being sure of a successful issue, from past experience, I paid no attention to their statements and insinuations, but continued my treatment, and, to the amazement of all his friends, Mr. J. L.* * * returned to the bank the thirtieth day from the date of his illness, perfectly well, and has not suffered since, though the temperature has been very changeable during the spring and this summer.

If you think, Messrs. Editors, that the above remarks, although written currente calamo, are worth publishing, I shall thank you in advance, and give you my best wishes for your success.

ART. XIII.—*Compound Fracture of the Humerus—Hæmorrhage—Obliteration of the Artery—Mortification—Amputation refused—Spontaneous separation—Recovery.*—By F. S. Verity, M. D., Hemmingford.

On the afternoon of Nov. 28, 1852, I was called to attend a boy named Thomas McCarty, aged 11 years, who was reported to have broken his arm, and as the messenger said, "was bleeding to death." On my arrival at the house, I saw the lad lying on his back, with his left arm folded in a cloth, steeped in a pool of blood. His countenance was pale and anxious, his skin cold and clammy. He had been wrestling with a

school-mate, and heavily thrown to the ground; upon raising him, his arm was found to be broken, but no loss of blood took place at this time.

His father, who lived about a mile off, was sent for, and carried him home. On the road the poor fellow bled most profusely and syncope took place. This was the history of the accident as then given me.—Upon further enquiry, I learned that the father had unthinkingly used the elbow of the broken arm to support the boy's weight when carrying him, and thus forced the fractured end of the bone through the soft parts, wounding the artery in its passage outwards.

Upon examination, I found the fractured humerus protruding at the bend of the elbow joint with the aponeurotic expansion of the biceps nearly severed; the bone was obliquely fractured about an inch and a half above the condyles, and blood was slowly flowing from the wound. I effected the reduction of the bone without much difficulty or loss of blood, which latter was promptly arrested by slight pressure of the thumb on a pledget of lint. I then applied a compress and roller in the usual manner, but rather loose; laid his arm on a chaff pillow, and as there were slight twitchings, gave Tr.opiigtt x. His pulse was very feeble on the injured side—the arm about the elbow joint was swollen. In the night, I was called to him again on account of hæmorrhage; on my arrival I found only a slight oozing from the wound; I cut the roller off, and as there was no disposition to hæmorrhage, left his arm on the pillow. His left pulse was very feeble and hardly to be felt; I rolled the hand and forearm in cotton wool, and gave a stimulant; ordering him to be kept quite warm.

Nov. 29, 8 A.M.—Left pulse completely gone; it was evident that the humeral artery was obliterated, and as the circulation was much depressed and the system shocked by the excessive hæmorrhage, I was fearful the circulation could not be maintained in the forearm and hand by the anastamozing vessels. The hand and arm were still warm, though around the elbow joint and the neighboring part, there was great extravasation, and it had a dark hue. Apply stimulating embrocations—gave wine—ammonia—opium,—pulse 125—feeble.

30. Arm quite cold and mottled. Vesicles at the bend of the elbow joint and above the wound; in fact, mortification was present and to save the boy's life, I proposed immediate amputation, which was resolutely refused by the father.

Dec. 1.—Mortification extending upwards; the shoulder joint is greatly swollen and inflamed. I still thought there was a chance, and again urged the operation, and the consequence of a refusal pointed out to him by me and his friends, but he remained obstinate in his purpose. Applied charcoal poultices—lotions of chloride of lime and soda—gave wine freely—quinine, camphor and opium, and awaited the result.

Dec. 3.—The gangrene is within two inches of the shoulder joint, and several suspicious looking spots near the axilla.

Dec. 5.—The stench is intolerable ; wrapped the hand and forearm in cloths wetted with a solution of chloride of lime. The boy was evidently sinking; the wine had little effect on the pulse, and as he had been used to drink whiskey, I substituted it in the place of the wine. Continue the other remedies.

8 P. M.—Rallied well, continue the whiskey with caution.

Dec. 7.—Continues better—pulse 110, stronger; the effusion of lymph around the shoulder joint and upper part of the humerus has proved an effectual barrier to the progress of the mortification. Continue remedies as before.

Dec. 11.—It was now apparent that a separation of the soft parts was about to be effected just below the insertion of the deltoid ; I determined to assist nature by the removal of the dead portion of the arm. With the handle of a scalpel, I carefully detached the sloughs from the sound tissues and applying the saw to the bone, removed the arm and dressed the stump with linseed poultice to assist granulation. Previous to the removal of the arm, the little fellow begged for a "sup of whiskey," which I directed to be given him. His neighbor and attendant, and on this occasion my assistant, Mr. R. Hayes, gave him, what I thought was a glass of water to wash his grog down. His face after the operation became flushed and his pulse much increased in rapidity and strength, which excited my surprise, and upon inquiring what quantity of spirit had been given him, I then discovered, that what I thought water, proved to be *whiskey*. I feared its effects, but my intelligent friend Hayes knew the boy well, and stoutly prognosticated great benefit from such a dose, "as the boy had been brought up to it from his cradle;" and he was right, in a short time the little patient fell asleep, continued in it for some hours, and awoke asking for food.

Dec. 12.—Continues improving. A portion of the bone on each side of the deltoid is quite bare. I continued the poultice dressing to the stump until January 26, 1853, when about 2½ inches of bone which had exfoliated were removed by gentle traction. I now dressed the stump with emplast. adhœsiv., and gave it as good a shape as possible ; about the middle of March it was healed, and is now free from tenderness and can be handled without giving pain. In appearance it looks very well, considering the rude amputation necessarily performed.

The mortification in this case was doubtless owing to the depressed circulation caused by the excessive hæmorrhage; in the then enfeebled state of system, the anastamozing vessels failed to carry on the circulation after the obliteration of the humeral artery. I was very cautious about undue pressure ; indeed, the roller, although loosely applied, was

removed in 6 hours, and the pulse could then be felt on the injured side, though very feeble. The inflamed shoulder joint was a salutary effort of nature to save the life of the boy.

It was truly remarkable, the great quantities of whiskey and brandy the little fellow consumed up to the time of the operation; nothing but the habitual use of it from his cradle, as Hayes has it, could have enabled him to dispose of so much stimulants with impunity; indeed, I ought to say with evident benefit. He is now in strong robust health, and with every prospect of continuing so.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

IV.—*Medical Jurisprudence.* By Alfred S. Taylor, M.D., F.R.S., &c. Edited by Edward Hartshorne, M.D. Pp. 621. Blanchard & Lea, Philadelphia.

Although ten years have not elapsed since this work first appeared, it has passed through four editions, thus rivalling, in popularity, the most fashionable hand book or vade-mecum that ever found favor for its terseness or simplicity, and leading us to believe that medical book writing is scarcely so unprofitable an undertaking as it is represented to be proverbially.

Dr. Taylor has devoted a life time to the prosecution of medico-legal inquiries. In all matters concerning them he is the first English authority extant. No important case of the kind finds an issue in London before his opinion or assistance has been rendered, and to his efforts may be partly referred the present advanced state of the science.

Each new edition of his book has been an improvement on the old one, in containing important alterations and valuable additions, especially of recent cases of interest. The various addenda to the present are noticed in the preface. They are judiciously introduced, and highly valuable. As an example, we may observe that under insanity, they refer to the application of restraint—decisions in recent cases, showing the liability of medical practitioners—the testimonial capacity of the insane, with remarks and cases illustrative of homicidal mania, and the plea of insanity. The utility of the work, particularly to legal gentlemen who make it a circuit companion, is further increased by the appendix of a glossary.

It is not yet, however, a *complete* treatise on medical jurisprudence, for it is imperfect in some, and deficient in other subjects, strictly within its scope, such as, the various modes of death; putrefaction; age; identity; survivorship; life insurance; feigned and disqualifying diseases. Dr. T.

aware of this, has signified his intention to discuss them fully in his next edition.

We conceive that praise or recommendation of a book so well and favorably known as Taylor's Medical Jurisprudence, would be superfluous, and shall therefore only observe that as every Canadian student should have a copy of it, he would do well, before purchasing, to select this edition, for Dr. Hartshorne has not only retained the valuable notes of the late Dr. R. E. Griffith, who preceded him as the American editor, but has incorporated with them such further facts and cases of importance as have fallen under his special notice.

V.—*Homœopathy: its tenets and tendencies, theoretical, theological, and therapeutical.* By JAMES Y. SIMPSON, M.D., F.R.S.E., Professor of Midwifery, University of Edinburgh, and Physician-Accoucheur to the Queen for Scotland, &c. &c. Pp. 292. Edinburgh: Sutherland & Knox.

The subject of homœopathy has been brought so frequently before the profession in Canada during the last two years, we do not purpose to dwell at any length upon this, the latest work which has issued from the English press, directed against the absurdities of the system of infinitessimals. If we thought that by much writing we might alter the opinions of some one or two, who have embraced (in good faith, we believe,) the erroneous views propounded by Hahnemann and his successors, we would address ourselves to the task with a will; but every day's experience strengthens our conviction of the truth expressed by an old author, viz.: "Every singular opinion hath a singular opinion of itself; and he that holds it, a singular opinion of himself, and a simple opinion of all contra-sentients: he that confutes them, must confute all three at once, or else he does nothing." And we heartily agree with the same quaint writer, that—"it is a most toylsome task to run the wild-goose chase after a well-breath'd opinionist; they delight in vitilitigation; it is an itch that loves a life to be scrubb'd; they desire not satisfaction but satisdiction, whereof themselves must be judges."

There is one thing, however, which we would chronicle for the information of our readers—THE DECLINE OF HOMŒOPATHY. In the mental as in the material world, violent disturbances of ordinary or natural states cannot exist beyond a definite period. Obstructive or opposing forces start up, which either present a barrier to their further progress, or produce their rapid subsidence by a vigorous counter-action. The rapid rise, turbulent progress, and gradual decline of new opinions find their analogies in nature. The surface of a portion of the ocean is smooth

and placid. Presently, however, ripples chase each other over this surface. Next, wave succeeds to wavelet; and in a few brief hours, the tempest-lashed waters rise tumultuously, and roll onwards with towering majesty and impetuous might. The storm, after a time, abates in the place which first felt its fury, and the surface of the water becomes, once more, calm, and apparently motionless; but, far, far away from this spot, the sea still rolls in immense swells, which, in their turn subsiding, all trace of the storm becomes obliterated. So the homœopathic excitement, which first took its rise in Germany, and spread in different directions from thence, is first declining in Germany; and, although the agitation is still considerable in England and America, from the nature of things a subsidence, ere long, must be expected in those countries also, and homœopathy will then find its place in the history of past medical delusions.

The homœopathic hospital at Leipsic, with its apparently flattering statistics, was long the boast of the Hahnemannist. "At the time of my first visit to Leipsic," observes Mr. Lee, author of "Bradshaw's Guide to the Continent," "I was anxious to see the Homœopathic Hospital, of which I had previously heard. I expected to have found at least forty or fifty beds filled with patients; but was rather surprised to find that the building (which is a small house in the suburbs) only contained eight, and even of these, all but two or three were unoccupied. At my last visit to Leipsic, I understood that matters were going on badly with homœopathy, which indeed is now comparatively little heard of in Germany and France." In the celebrated hospital at Vienna, the acknowledged principal homœopathic school on the continent, Dr. Fleming of Dundee observed but five students in attendance; whilst at Dr. Fleischmann's establishment at Gumpendorf, in the suburbs of Vienna, one solitary individual perambulated the wards with the doctor, as a student—the sole repository of the sage remarks of this once enthusiastic supporter of globulism. Truly, Ichabod is written on their walls!

"In a letter from Dr. Gerson," says Dr. Simpson, "it is stated, 'During the last six or eight years, neither the medical profession nor the public of Germany have paid any degree of attention to homœopathy, for it is now everywhere looked upon as possessing no theoretical or practical value. . . . In Leipsic, where the English and other admirers of Hahnemann have lately erected a statue to him, and which was once the chief seat, if not the birth place of homœopathy, out of 120 medical men, there are now only six or seven homœopathists, and only two or three of this number can be said to be engaged in practice, and to a limited extent. The Homœopathic Hospital, which existed formerly in Leipsic, has become defunct. In Hamburg, out of 183 medical men, there is now only one homœopathist.'" Dr. Oscar Prieger, of Krauz-

nach, confirms the statements of Dr. Gerson, as to the recent rapid decline of homœopathy in Germany.

This work of Dr. Simpson's bears marks of having been hastily thrown together. The divisions of his subject are taken up and discussed without regard to orderly sequence, or the bearing which one part has on another. When we consider, however, the extensive practice which the distinguished Professor is favored with, we are more surprised that he should find time to write at all, than that what he writes should exhibit traces of having been rapidly executed.

We think Dr. Simpson has received a few hints from this side of the Atlantic, which he has failed to acknowledge. As we are *ultra mare* to the British medical school—a kind of barbarians in medicine, of course we cannot expect any notice from the polished professor of Modern Athens.

VI.—*Cases of Occlusion of the Vagina, with retention of the Catamenia relieved by operation.* By J. M. Warren, Surgeon at Massachusetts General Hospital. Pp. 28.

This *brochure* contains the substance of a communication which formerly appeared in the American Journal of Medical Sciences. Six cases of occlusion are detailed; in three it was the result of parturition, two were congenital, the last accidental. In each the operation was eminently successful, and had to be specially modified to meet existent circumstances of a particular kind. We regret our space does not permit our quoting their description, but as the production is very short, we recommend our readers to make themselves directly acquainted with it, feeling assured that they will be well repaid for the time so employed. It is very gratifying to find practitioners of such eminence thus recording the results of their experience and reflection for the benefit of their younger and less fortunate brethren. By publication, alone, can knowledge be perpetuated and diffused; without it the world would be overspread by a Cimmerean gloom, and the mists of ignorance remain undispelled for the want of learning's light.

VII.—*Paris Médical; vade-mecum des médecins étrangers: renseignements historiques, statistiques, administratifs et scientifiques, sur les hopitaux et hospices civils et militaires, l'enseignement de la médecine, les académies et sociétés savantes. Précédés d'une topographie médicale de Paris; et suivis d'un précis de bibliographie médicale francaise, et des adresses de tous les médecins de Paris.* Par le Dr. Henri Meding.

The description which we have copied from the title-page of the above work will give an idea of its contents. The author has apparently spared

no pains to make his book as complete a guide as possible to the stranger seeking information in Parisian medical matters.

We would strongly advise the student or physician, who may intend visiting Paris, to provide himself with a copy of this work. He will find it a most useful companion. It is published in Paris, in two volumes, for six francs, and may be obtained from H. Bailliere, 290 Broadway, New York; H. Bailliere, 219 Regent Street, London, and J. B. Bailliere, 19 Rue Hautefeuille, Paris.

CLINICAL LECTURE.

Clinical Lecture on Diseases and Injuries of the Joints. By Samuel Solly, Esq., F. R. S., Senior Assistant Surgeon to St. Thomas' Hospital. (Condensed from the Lancet.)

The form of disease I propose calling your attention to, is not very common; it has been called chronic rheumatic arthritis, and comes on very insidiously. I will illustrate it from a case in private. The patient at first complains of a little pain on the inner side of the thigh and knee; he soon finds some difficulty in walking, especially in the morning, and though the pain often increases, the stiffness wears off towards the evening. As the disease advances, the pain is more constant, and though it varies in intensity it is never entirely absent. The most striking feature is the gradual immobility of the joint. Patients cannot stoop to tie their shoes or garters. In sitting down they extend the affected limb; they prefer sitting on a high stool. My case did not suffer much from the movements which I gave the joint during my examination, but she could not bear any firm pressure over the capsule either in front or behind. Not much change in the form of the joint was detected, though the trochanter on that side seemed more prominent. In walking, she rotated the whole pelvis and had great difficulty in moving at all. In her the disease had advanced rapidly, for it is only about 12 months since she felt the hip amiss; she could not trace it to any special cause. The disease very gradually reached its present severity. She never had rheumatism in any other joint. Yet she lived in a very damp situation with a clay soil. No medicine controlled it, and local anodynes soon lost their effect. Chloroform on the whole was most effective. Most permanent relief was given by Dr. Arnott's hot water cushion, and for four nights she slept calmly, the fifth night the cushion was out of order and all the pain came back. She died suddenly with symptoms of fatty heart. *Post Mortem.*—Hip-joint, capsule thick; no pus within. Synovial membrane slightly inflamed in patches, with little nodules similar in size and form to the osseous and ivory nodules on the neck of the bone: also fringed projections like those described by Mr. Rainey: running from its under surface to the neck were many thin bands and threads of organized fibrin. An osseous tubercle, the size of a small marble was embodied in the capsular ligament, over the anterior intertrochantric line. The head of the bone is enlarged, and it is carried over the neck with a deeply fringed mushroom shaped edge. There is a semi-circular ulcerated

roughened groove on the outer and upper part of the head on a line with its edge, in its normal state about 1-6th in. wide and 1-10th in. deep.—The cartilage is nearly all gone, irregular streaks of it alone are left;—the intervals are occupied partly by incipient eburnous change and partly by roughened ulcerated spots. Some of the eburnous patches, especially near the edge are corrugated like the enamelled surface of an irregularly formed tooth. A section shows that the enlargement is from deposit on the exterior and not from expansion of the cancelli. Mr. Adams, one of our demonstrators of morbid anatomy was, I think, the first who proved that this morbid change is a growth of new cartilage and bone external to the old, to the surface of which it becomes inseparably connected. This opinion is chiefly based on the appearances shewn in sections of the bone. In the 3rd vol. of the Transactions of the London Pathological Society, is Mr. A.'s paper, in which he states. The outlines of the head in its normal direction was indicated by the persistence more or less, of the thin shell of compact tissue—its natural limit—and also of an imperfect layer of articular cartilage: external to which, and extending from the circumference towards the centre, was a mass of finely cancellous new bone, which produced the irregular shape and enlargement. He also concludes that the new bone had been developed in the centre of the articular cartilage. In some ossification being equal in all directions, pseudo growths were formed; in others it extended as a ring like layer over the articular surface, thick and rounded at the circumference, narrowing to a point towards the centre of the head.

Dr. R. W. Smith first published an account of the disease in 5th Vol. Dublin Journal of Medical Science as "Morbus Coxæ senilis," since which Mr. R. Adams of Dublin described it in the Encyclopædia of Anatomy, as "Chronic Rheumatic Arthritis." Their observations well deserve perusal.

The clinical history of this disease is not so well known as its morbid appearances, for in spite of its name, its rheumatic origin is not always apparent. Many having it, never had the general symptoms of rheumatism. Some have attributed it to a blow, strain or other injury; but even then, though these be the excitants, the characteristics of the disease may still be due to a rheumatic diathesis, or the presence and circulation of the rheumatic poison in the current of the blood. For I believe in the humoral theory of rheumatism.

It is very important to know that in some these changes seem to be caused by a blow; and that their effects are as serious to the patient as those which are produced by a fracture of the neck of the thigh bone; for, a surgeon has been blamed for not detecting a fracture which did not exist, and the lesion has been shewn as a sample of united fracture of the neck within the capsule at the meeting of the British Association in Dublin in 1836, by Mr. Harris of Plymouth. This case was the more interesting from being that of Mathews, the celebrated comedian. The supposed fracture was attributed to a fall from his gig 10 years before his death, for though he got up and walked after the accident he was lame ever after. The most celebrated London surgeons saw him, but could not determine whether there was fracture or not. He was confined to the sofa for a twelve-month. Mr. R. Adams has recorded the case, and at the time proved to the association its nature. The limb was shortened, wasted and everted.

You cannot therefore be too careful in your diagnosis and prognosis of all injuries of the hip. If your patient has passed the middle period of life, and be at all gouty or rheumatic, you ought to point out the consequences which sometimes ensue from such injuries, and which no precaution or skill on your part can avert.

Mr. Calles says he has often come across it and has been struck with its peculiarity. "After the middle period of life, a man gets rheumatism in his limbs," after getting a great wetting or being for some time up to his knees in water, but this is not always the case, for a patient of his had the disease who was not exposed to wet in twenty years. He observes that the patient cannot walk without crutch or stick, and progresses like a man who had broken the cervix femoris. He seems well, notwithstanding long continued excessive pain. He knew it go on thus for two years. Mr. Calles never had an opportunity of examining one whom he knew died with it, but he suspected certain specimens were of it, which he had found in the dissecting room and had exhibited.

Mr R. Adams states, that when it is fully established, it rarely extends to other articulations, but that he has seen both thighs attacked together. He also remarks, that the chronic inflammation of the structure of the joint is never accompanied by any appreciable degree of heat or swelling of the soft parts, or that it runs into suppuration or anchylosis. Its long persistence causes much shortening, which I believe arises from the oblique tilting of the pelvis, and a change of the direction of the neck of the thigh bone, which gradually points downwards.

There is often greater difficulty of walking in the early stages than in the more advanced. A lady of 61 with this disease when she first consulted me could hardly walk across the room, last summer she walked nearly two miles in a day, though the limb has now shortened at least 2 inches. Mr. Smith says the patients' sufferings are very much influenced by the weather, being most acute during wet or even damp weather; some can actually foretel the approach of rain.

I have lately seen the same disease in the knee joint. This patella was removed from a patient aged 70 who had consulted me occasionally for weakness and pain in his right knee. He was a large, fat, flabby man, with a pasty look. The joint was somewhat enlarged, as if slightly inflamed chronically; the pain was trifling by day but always worse at night. When he sat long, the joint got so stiff that he had great difficulty in rising. His health was good, and he said if it were not for his knee he should be in perfect health. His habits were active and temperate. I ordered him a little grey powder and extract of colchicum and an anodyne liniment, which relieved him, but he did not persevere in their use.

You see the same deposit on the edge of the patella as on the femur, the same ivory-like indentations. A section shows still more clearly that it is from a deposit and not from an expansion of the bone.

This man died suddenly from an accident, but he had fatty heart, liver and kidneys. I am also attending a lady, aged 60, who has the disease in both knees. She has been benefitted by blisters and mercury in regard to pain, but not in regard to the use of the joint. She never had rheumatism elsewhere, but is disposed to fatty deposit. She is pale, fat, flabby and heavy.

From what I have seen I am more inclined to believe that this disease is dependent on the same pathological condition of the system which pro-

duces fatty degeneration than on the rheumatic diathesis. This is important in point of treatment, for cod liver oil, so beneficial in chronic rheumatism, is one of the worst things that can be given in fatty degeneration, and I am much mistaken if one patient's death was not accelerated by its use in this disease.

Mr Smith, speaking of treatment, alludes to its inefficacy, particularly of antiphlogistic measures, as bloodletting and counter irritation, which seem called for from the anatomical changes present. The hips have been seen covered with the marks of leeches, cupping, moxa, &c., in patients in whom the disease has not been abated thereby; he says "rest, anodyne embrocation, keeping the joint protected by new flannel or carded wool from the influence of cold and damp, together with the free and long continued use of hydriod of potas, combined with compound decoc of sarsaparilla, and small doses of colchicum constitute the mode of treatment from which I have seen most benefit derived." He insists on attention to the state of the stomach and bowels, although they are less disordered than is usual when the rheumatic diathesis is present. Recommends the Chelsea pensioner as an aperient thus prescribed Pulv. Guaiac. ℥ss Rhei ʒi; Sulphur Potas Bitart *ana* ℥i; Potas carb ʒi; Pulv Zingib ʒiij mellis q. s. ft elect; take 2 teaspoonfuls occasionally. He advises the patient, if practicable, to reside in a warm and dry climate, not subject to vicissitudes of temperature, and a trial of the thermal springs as of Aix la Chapelle. More however is got from these in cases simply of the rheumatic diathesis than in the disease after it has caused change of structure.

The hip joint in some very puzzling cases is the seat of hysterical neuralgia. Some years ago I was asked to see a young lady out of town said to have disease of the hip: the case was said not to be urgent, and therefore that I might choose my own time; being very busy, I did not go till I got a second summons telling me that she was suffering very much from the suspension of the previous antiphlogistics. I lost no further time, and found her healthy looking, but rather strumous. Her medical attendant told me she had had hip disease for six months, and before examining he called my attention to a small fistula a little below the head of the femur, which led to a portion of carious bone—this much in favor of scrofulous disease—but to my great surprise I found both buttocks exactly alike, neither one flattened or too full, but they had the round form of health though marked by the cups and cantharides &c, great tenderness generally but not increased by rotation or traction of the femur. Upon retiring I told the Dr. my conviction was that there was no disease of the joint. He was incredulous, but consented to follow any plan proposed. The patient was prudently told that the medicines used had subdued the disease, and that now she might begin to take a little exercise, and I ordered her the carbonate of iron. About a week after I found her in great pain, and her medical man still impressed with his old idea, but sure in my first conviction, and knowing how much the mind influences the body in exciting pain in any part to which its attention is directed, I begged him to let me speak more decidedly, knowing that till she was convinced of the absence of disease she would continue to suffer. He agreed to my doing so, and from that hour she rapidly got well. Her only medicine was steel in its different forms, but chiefly the carb of iron. She had no more local applications: in a fortnight she walked a quarter of a mile, and in a few

months 2 or three miles regularly every day, and has remained well ever since.

In hysterical neuralgia you will find a pinch or a squeeeze is complained of as much as if you pressed the articulating surfaces together; and most remarkably they sleep undisturbed by pain. They do not fall off to sleep, as persons in rude health just as they retire to bed for they are generally restless from want of the fatigue consequent on proper exercise; but when they do go to sleep they do not wake in starts as persons suffering from organic disease of the joint, especially ulceration.

THERAPEUTICAL RECORD.

Fissures of Anus.—Dr. Guiseppe Peirano has used an application composed of three grains of extract of belladonna, and four grains of unguentum rosae, with great advantage in this obstinate and painful affection. In numerous cases this remedy has not only relieved the pain but induced a cure when various applications had been used in vain.—*Virginia Med. and Surg. Journal.*

Furunculus.—In the furunculoid epidemic which has lately prevailed so extensively throughout the world, various means are proposed by different medical men; nitro-muriatic acid, alterative doses of mercury, iron, chlorate of potash, yeast and quinine, are among the chief measures recommended. Upon the hands this affection usually assumes the form of paronychia, which we have frequently found to yield to an abortive treatment, consisting in the application of half an ounce of strong mercurial ointment, and two drachms of extract of belladonna.—*Ib.*

Holmes' Liniment for Lumbago.—Powdered chamomile, 8 parts; common salt, 2 parts; camphor, (previously dissolved in turpentine.) 1 part; oatmeal, 100 parts; black soap, 30 parts.—*Ib.*

Compound Fractures.—M. Srastour details in a series of papers, numerous cases of compound fracture he has witnessed in M. Chassaignac's wards, illustrative of the favorable results that have followed their treatment by "occlusion." This consists in the immediate application of a cuirass of adhesive plaster, which is retained *in situ* for several days, all surrounding inflammation being kept down by leeching, if necessary.—M. Srastour's report is highly favorable; under this plan the wound far more rapidly heals, pain and traumatic fever are much diminished, as is the chance of the occurrence of nervous delirium, tetanus, erysipelas, and purulent infection. In cases in which it may be doubtful whether amputation will be required, it enables us to wait with safety for the decision; and brings these traumatic cases in nearer relation to the cases in which amputation is performed for disease, and in which its results are so much more satisfactory. Since he has adopted this practice, M. Chassaignac never amputates for traumatic injuries of the fingers, however violent the injuries may have been. Even when re-union does not take place, very much longer and better stumps result from leaving the case to nature.—*British and Foreign Med. Chir. Rev.*

Syphilis.—Dr. Gamberini, of Bologna, reports 116 cases of syphilis

treated by the *iodide of sodium*, which he believes may be substituted advantageously for the iodide of potassium, as it does not disturb the digestive apparatus. The dose was 3i., raised to 3ii a day.—*Ib.*

Somaitis Ulcerosa.—Dr. Mackenzie recommends sponging with the dilute nitric acid of the Pharmacopœia, and giving internally carbonate of ammonia and citrate of iron.—*Ib.*

Phlegmon.—Polli confirms the statement of Bellini, as to the abortive cure of sub-inflammatory swellings of the skin and subcutaneous cellular tissue by the application of a few drops of liquor ammonia. In syphilitic bubo this method is also useful.—*Ib.*

Intestinal Obstructions.—Mr. B. Phillips advises, in intestinal obstructions, that the drastic pugatives, such as croton oil, should not be given at an early period; but one or two full doses of calomel and opium (8 to 10 grains of calomel to 2 grs. of opium) should be first given, and large emollient enemata be thrown up every six or eight hours. If these means fail, Mr. Phillips pushes mercury to salivation, mercurial inunction as well as administration by the mouth, being employed.—*Ib.*

PERISCOPE.

New Mode of Applying Leeches.—Dr. Sloan states that he has hit upon a plan by which very indifferent leeches may be rendered most efficient bloodsuckers.

"The idea," he says, "first occurred to me some years ago, while waiting the effect of a dozen, which were remaining attached to the skin, but scarcely drawing blood.

"It struck me that, as leeches are remarkably influenced by atmospheric changes, it might be worth while trying the experiment of partially exhausting the air over them, and thus inducing the sensation of a low barometer. On covering them with a cupping-glass, and by means of the air-pump producing a moderate degree of rarefaction, an immediate change in the style of sucking took place; the leeches displayed an activity I have rarely seen equalled by those of the best quality when applied in the usual way; they rapidly became fully distended, and fell off. By continuing the exhausting process afterwards, which is a common enough practice, a sufficient quantity of blood was readily obtained; and I remarked that the erysipelatous appearance, which usually followed leech-bites, in this patient was prevented.

"It is quite possible that the increased activity under the exhausted cupping-glass may arise from the skin being rendered more vascular, and thus yielding its blood more readily; or we may even view the leech in these circumstances as an elastic sac, communicating with the circulation by a firm canula, so that the blood may flow into the animal without much exertion on its part; but, whatever the cause, the result will be found satisfactory. I have never had occasion to try the effect of snipping off the tails of the animals under this plan, but possibly it would be eminently successful.

"The operation is almost as quickly performed as cupping, and has this advantage, that it requires no dexterity. I think any nurse of

ordinary intelligence might acquire the necessary skill in a single lesson.

"In charitable institutions, this plan would be especially advisable, as by it two leeches might be made, on the average, to do the work of three, thereby effecting a considerable saving, and the necessary apparatus would always be at hand. Nothing could be better for the purpose than those cupping instruments in which the vacuum is produced by an air-pump. Increasing the vascularity of the skin by a cupping-glass previous to applying the leeches, seems to make them bite more readily, probably by rendering the odour of the blood more perceptible." —*Monthly Journal of Medical Science.*

Of the Cure of Aneurisms by the Injection of the Perchloride of Iron.—Lallemand lately stated to the Academy of Sciences:—

I have received from Dr. Serre (of Alais) the history of a case of varicose aneurism at the bend of the elbow, which was treated and cured by the method of Dr. Pravaz. I cannot enter into the details of this operation; I will only mention the most remarkable features of it.

The clot formed promptly under the influence of the injection; the pulsation in the tumour ceased upon the removal of the compression of the humeral artery; subsequently the ulnar and radial arteries ceased to pulsate; the walls of the sac were invaded by inflammation, and a puncture practiced upon a fluctuating point, evacuated a small quantity of sero-purulent matter. Lastly, an eschar was detached from the walls of the sac without the supervention of the slightest hæmorrhage, and cicatrization occurred rapidly.

Thus the clots formed in the aneurismal sac, and in the brachial artery and its divisions, induced a cure as perfect as if a ligature had been applied above and below the arterial lesion, as is usually done in varicose aneurisms.

This case deserves to be placed by the side of that which Dr. Niepce reported at the last meeting, in which the aneurismal sac was formed by the popliteal artery. Five minutes after the injection of the perchloride of iron the tumour became very hard, and when the compression of the femoral artery was removed, it was found that pulsation no longer existed in the sac: when the canula was drawn out, not a drop of blood followed it. The next day intense inflammation sprung up; on the eleventh day fluctuation was manifested at the internal face of the tumour, and a puncture gave exit to about two drachms of sero-purulent matter, after which all inflammatory symptoms subsided; on the twentieth day nothing could be felt of the aneurismal tumour, except an indurated lump of the size of a walnut. The cure was then effected in as short a period as ligatures require in order to divide vessels to which they are applied in order to cure aneurisms.

These two observations fully confirm the anticipations of Dr. Pravaz, in regard to the efficacy of coagulating injections in aneurisms, and their superiority to galvano-puncture.

These cases were attended by severe inflammation. Is this an inseparable condition in this method? Facts are not yet sufficiently numerous to permit us to decide this point. I should observe, however, that in these cases three times as much perchloride was injected as would

have sufficed to procure the formation of a clot. This excess must be rather hurtful than otherwise, considering the tendency of coagulating fluids to dissolve the clot that has been formed when they are added in excess.

We can understand this exaggeration on the part of operators employing a method which they consider insufficient rather than too energetic. Allow me on this point to present some comparisons deduced from this very subject. When ligatures were first employed in arterial lesions, it was thought necessary to use a number of waxed threads prepared like a riband, in order to prevent the too speedy section of the arterial walls; the fear of consecutive hæmorrhage induced surgeons to apply precautionary ligatures, which were more dangerous than those which were tightened. They took care also to place a ligature beyond the aneurism, puncture or wounded point, in order to avoid recurrent or anastomotic hæmorrhage. This is not all; they opened the sac and turned out the coagula, and filled the chasm with charpie and tow and absorbent substances. Time and experience were necessary to efface these exaggerated terrors and to do away with this profusion of manipulations, which only produced abundant suppuration, the destruction of obliterating clot, and the very secondary hæmorrhage they wished to guard against. Let us hope that the history of injections of perchloride of iron will be the same; that its application will be simplified daily, and its styptic proportions judiciously determined.

In the cases of MM. Serre and Niepce, cures might have been obtained by the ligature; but in M. Raoult-Deslongchamps the tumour was seated on the supra-orbital artery, and it would have been very difficult to tie the ophthalmic within the orbit. But the superiority of this over all methods hitherto proposed, would be still more striking in the case of an aneurism of the femoral artery at the groin, or of the termination of external iliac, which requires, by the ordinary operation, a division of the abdominal walls and peritoneum, the separation of the artery from the vein, &c. The dangers and difficulties of the ordinary method are equally great in aneurism of the axillary, the subclavian, the innominate artery, &c.

The successes which have already resulted from the method of Dr. Pravaz, confirm me more and more in the conviction of its superiority over every other plan. I am thoroughly persuaded that it will produce a revolution in the treatment of aneurisms, as complete and important as that which lithotrity has brought about in the treatment of calculous disorders. The instruments first invented for crushing the stone were very complicated and very imperfect, and for a long time success was counterbalanced by serious accidents and numerous failures But lithotrity is a different affair now. The history of the method of Dr. Pravaz will resemble this—*Virginia Medical and Surgical Journal.*

Operating in Cancer.—The following is a brief abstract of the Report of Dr. Gross, read before the American Medical Association:—

From the facts and statements which have now been presented, embracing the opinions of many of the most intelligent, experienced, and distinguished practitioners in different ages, and in different parts of the world, the following conclusions may be legitimately deduced:

First.—That cancerous affections, particularly those of the mammary glands, have always, with a few rare exceptions, been regarded by practitioners as incurable by the knife and escharotics. This opinion, commencing with Hippocrates, the father of medicine, has prevailed from the earliest records of the profession, to the present moment.—Nature never cures a disease of the kind, nor can this be effected by any medicine, or internal remedies, known to the profession.

Secondly.—That excision, however early and thoroughly executed, is nearly always, in genuine cancer, followed by relapse, at a period varying from a few weeks to several months from the time of the operation.

Thirdly, that nearly all practitioners, from the time of Hippocrates to the present day, have been, and are still averse to any operation for the removal of cancerous tumors, after the establishment of ulceration, rapid growth, firm adhesion, organic change in the skin, lymphatic invasion, the cancerous dyscrasy, or serious constitutional derangements; on the ground that, if had recourse to, under these circumstances, the malady almost inevitably recurs in a very short time, and frequently destroys the patient more rapidly than when it is permitted to pursue its own course.

Fourthly.—That in all cases of *acute* carcinoma, or, in other words, in all cases of this disease attended with very rapid development and great bulk of the tumour, extirpation is improper and unjustifiable, inasmuch as it will only tend to expedite the fatal result, which, under such circumstances, always takes place in a very short time.

Fifthly.—That all operations performed for the removal of encephaloid cancer and its different varieties, are more certainly followed by rapid relapse than operations performed upon schirrus or hard cancer.

Sixthly.—That in nearly all the operations for cancerous diseases, hitherto reported, the history has been imperfectly presented, being deficient in the details which are necessary to a complete and thorough understanding of the subject in each case. This remark is particularly true in reference to the diagnosis of the malady, the minute examination of the morbid structure, and the history of the case after the operation, as to the period of relapse, the time and nature of the patient's death, and the result of the post mortem examination.

Seventhly.—That cancerous affections of the lip and skin, now usually described under the name of cancroid diseases, are less liable to relapse after extirpation than genuine cancerous maladies, or those which are characterized by the existence of the true cancer cell and cancer juice.

Eighthly.—That although practitioners have always been aware, from the earliest professional records, of the great liability of cancer to relapse after extirpation, a great majority of them have always been, and still are in favor of operation in the early stage of the disease, especially in schirrus, before the tumor has made much progress, or before there is any disease of the lymphatic ganglions, or evidence of the cancerous cachexy.

Ninthly.—That many cases of tumours, especially tumours of the breast and testicle, supposed to be cancerous, are in reality not cancerous, but of a benign character, and consequently readily curable by ablation, whether effected by the knife or by escharotics. It is to this

circumstance that we must ascribe the astonishing success which is said to have attended the practice of Hill, of Scotland, Nooth, of England, and Flajani, of Italy.

Tenthly.—That all operators insist upon the most thorough excision possible; removing not merely the diseased mass, but also a portion of the surrounding and apparently healthy tissues, as well as all enlarged and indurated ganglions.

Eleventhly.—That the practice has always prevailed, and still obtains to save, if possible, a sufficient amount of healthy integument to cover the wound and to unite, if possible, the wound by the first intention, on the ground that these precautions will tend much to retard, if not to prevent, a recurrence of the disease.

Twelfthly.—That much stress is laid by writers upon a properly regulated diet, and attention to the bowels and secretions after operation, as means of retarding and preventing relapse.

Thirteenthly,—That there is no remedy, medicine, or method of treatment which has the power, so far as we are enabled to judge of its virtues, of preventing the reproduction of the morbid action after operation, no matter how early or how thoroughly it may be performed.

Fourteenthly.—That life has occasionally been prolonged and even saved by operation after relapse, as in some of the remarkable cases mentioned in a previous part of this report; but that, as a general rule, such a procedure is as incompetent to effect a permanent cure as a first extirpation.—*New York Medical Times.*

Hooping Cough and Asthma.—Dr. Perry of Matagorda says:—"The recent epidemic of hooping cough was unusually severe, and along the Colorado very fatal. During the acute stage I did not find nitric acid beneficial; after that had passed, any alterative or nervous sedative seemed to exercise a beneficial effect.

In young children (under three years) the disease was attended with high fever, bilious vomitings, inflammation of the bowels, and spinnage-colored stools, which, if neglected or treated with mercurials, generally proved fatal in four or five days.

In such cases I found a solution of nitrate of silver, of from four to five grains to the ounce, administered in teaspoonful doses every three or four hours, to act admirably, relieving the cough, and soon changing the nature of the discharges.

I administered chloroform internally in every stage without benefit. Perhaps I was too cautious. Externally over the throat, on the spine and abdomen, it sometimes seemed to act well.

During paroxysms of asthma, I have seen no relief from nitric acid. During the interval, when there has been torpor of the liver, as is apt to follow repeated attacks of the disease, doubtless attributable to the remora of the blood in the organ and destruction of its vessels during the paroxysms, I have thought it very useful, but not otherwise. In the internal use of chloroform, however, we have almost a specific. Administered when the paroxysm is forming, it will generally prevent its full development, and given during its height, will moderate all the urgent and distressing symptoms. I have used it ever since the discovery of the article, and have been generally successful, if not in curing, at least in palliating.—*Boston Med. and Surg. Journal.*

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

MARINE AND EMIGRANT HOSPITAL.

The noble edifices, erected and set apart for the reception of the houseless and friendless sick, which are now found in nearly every city throughout civilization, are in the highest degree creditable to our common nature, and may be regarded as so many monuments of the humane tendencies of the times we live in. Hospitals were unknown to the ancients. Egypt had her magnificent mausoleums for the reception of the dead, and carried to perfection the art of embalming the bodies of the departed. Greece and Pagan Rome embellished their cities with stately structures, dedicated to the worship of their mythological deities, and to the gratification of the senses, the architectural beauties of which, even as exhibited by their ruins, has commanded the admiration and astonishment of all succeeding ages. Their sages and philosophers reasoned acutely on the nature and destinies of man, and occasionally inculcated sublime lessons of virtue; but we look in vain in their works for those higher teachings which place man in his proper relations to his fellows; nor do we detect the results of the operation of such teachings on their mind, in their public buildings. No edifice, unpretending or otherwise, for the shelter of the helpless victim of disease, can be discerned amidst the profusion of temples and palaces—no asylum for the aged, decrepid, or weak. To the humanizing influences of Christianity alone, are we, at this day, indebted for this sight. To the revolution effected in our natural feelings, by her pure unselfish teachings, must we attribute the pleasure which we experience in the erection and sustentation of various charitable institutions.

The first Hospitals established for the benefit of poor and sick persons, was in Rome, in the early part of the fourth century. Fabiola, a pious Roman lady, was among the first to erect an institution for such a purpose. When Christianity had triumphed over Paganism in the empire, the emperors at Constantinople built numerous asylums for strangers—helpless infants and orphans—infirm old persons, &c. So numerous were those institutions when Julian assumed the imperial purple, this apostate attributed the rapid spread of Christianity to their influence, and recommended their erection to those who seconded his efforts to re-establish Paganism.

At no period, however, in the history of the world, were there so many or such vast and imposing Hospitals as are now open for the reception of diseased humanity. And at no other time did they excite so much attention in the public mind. Many have been established, and are sup-

ported by the State, others by individual subscription. In both cases a rigid supervision is usually maintained over the management. And properly so, for in all public institutions, laxity in the performance of duties, and positive ill practices on the part of the different parties connected with their working, are too apt to occur. Abuses will sometimes creep in, requiring the purifying process of a special investigation, ere they can be got rid of. The promptitude with which the authorities appoint commissions of enquiry, whenever serious charges are brought against the general management of a public hospital, is a pleasing evidence that public opinion on this subject is sound and healthy. And so favorable to a community do we consider this feeling, springing, as we believe it does, from an anxious desire that all attention be paid to our suffering fellow-men, we would rather see an over-sensitiveness existent than otherwise.

Two investigations have now been held on the affairs of the Marine and Emigrant Hospital. The former enquiry had reference, more particularly, to charges of immorality, which were brought against certain subordinates of the hospital, who, being found guilty, were immediately discharged. Counter-charges of a similar nature were, at the same time, trumped up against the resident medical officers, from which they were most honorably acquitted.

The latter enquiry was more comprehensive in its character. The appointed commissioners, Drs. Wolfred Nelson and R. L. MacDonnell, and Zephirin Perrault, Esq., advocate, were instructed to report "generally upon the internal management of the hospital, with a view to suggest a remedy to any abuses or irregularities" which might be found to have previously existed therein. In compliance with their received instructions, the commissioners met at Quebec, and proceeded to investigate the entire working of the institution; and by the authority vested in them, summoned before them a number of witnesses, whom they examined, as to the truth or falsehood of charges brought against certain members of the medical staff. A voluminous "Report," of 124 pages, has been the result. They report that the hospital is most miserably situated—the ground on which it is erected having an elevation of only a few inches above the level of the river at high water, thus rendering the emptying of the sewers almost impossible. Marshes surround it on every side, the emanations from which must have a deleterious effect on the health of the unfortunate inmates. The building, although comparatively new, has a decayed appearance, and requires extensive repairs. They strongly recommend, therefore, that the present hospital, and ground attached, be sold immediately, and another building erected on a more salubrious site. We think there can be but one opinion among the profession, as to the importance of this recommendation. A structure enveloped in miasmatic vapors, and exposed to the pestiferous emana-

tions arising from surcharged cess-pools and drains, is no place for an invalid. It should be instantly disposed of, and that at any sacrifice. The returns of the hospital for five years show a rate of mortality double that exhibited by the returns of other hospitals in the country, for the same five years. This does not excite our surprise. We wonder only that our Quebec *confreres* manage to save as many as they do from the conjoined effects of disease and a poisoned atmosphere.

They report further, that the hospital is destitute of many necessaries and conveniences, to be found in all modern infirmaries. The rooms for the servants are insufficiently large ; and the servants take their meals off an uncovered table, without knives, forks, or tumblers—the kitchen is situated on the basement story, and is a damp, gloomy, ill-ventilated, apartment—the water closets are useless, and there are no baths attached to the wards, or bathing room to the building. Should a new hospital be built, these things can easily be rectified ; and if the old building is retained, they ought to be remedied as far as possible.

The commissioners offer the following "suggestions for the future management of the Marine and Emigrant Hospital." First:—That, instead of a commission of five, as heretofore, three "Trustees" be appointed by Government to superintend the entire affairs of the hospital. The chairman of the trustees to be a medical practitioner ; the remaining two to be the Chief Emigrant Agent, and the President of the Board of Trade for the time being. Each Trustee to be paid £50 currency yearly. Second:—That the Secretary and Treasurer be a medical man, appointed by Government, subject to removal at the solicitation of the trustees, they showing cause why their prayer should be granted. His salary to be £100 currency *per annum*, at least. Third:—That, instead of six visiting physicians, two receiving and four not receiving remuneration for their services, as at present, four visiting physicians be appointed, graduates of some University or College in the British dominions, of at least three years' standing, and in possession of the license granted by the Province. Each physician to receive a yearly salary of £100 currency, and to be appointed by the Executive, and placed under the control of the trustees. Fourth:—That, instead of the house surgeon and apothecary being appointed by the Executive, without reference to other authority, the practice of other hospitals in the selection of those officers be followed, viz.,—The appointment to rest with the Executive—the power to examine candidates, and to recommend to the office, to be held by the trustees and visiting physicians. The salary of the house surgeon to remain unchanged ; £125 currency yearly, alimentary allowance £30 currency, with lodgings, fuel, &c. Fifth:—That a person holding the responsible situation of matron should be paid a salary superior to that of a maid-of-all-work. Instead of £18 currency per annum, she

should receive a salary of £40, with board and lodging at the expense of the hospital.

The great bulk of the "Report" is taken up with the examination of the mutual charges of Dr. James Douglas, and the late commissioners; and Dr. James Douglas and his colleagues. The assumption of an antagonistic position by the lay managers against the medical staff of a hospital, is no uncommon occurrence. Governors and trustees, feeling their incapability of deciding in many matters referring to the management of a hospital for the sick, naturally look upon those who are competent to pronounce an opinion with suspicion and distrust. They are fearful lest any portion of their authority should be taken from them and bestowed on others. They consider it, therefore, of importance that the visiting physicians should be made to feel that they occupy a subordinate position. Consequently, they carp at and thwart the medical staff as often as they conveniently can. It is seldom, however, that serious disputes exist between professional colleagues. The report painfully exhibits how much bad feeling may be engendered, among the members of a medical staff, by the assumption, on the part of one member, of a superiority over others.

COLLEGE OF PHYSICIANS AND SURGEONS, C. E.

The triennial meeting of the members of the College of Physicians and Surgeons, Lower Canada, was held at the Court House of Three Rivers on Wednesday 13th ultimo.

Dr. Morin having taken the chair, the meeting was called to order. The minutes of the last meeting having been read by the Secretary, were approved and received.

The Treasurer then announced the names of the newly enrolled members, and of those who were entitled to vote.

The Secretary next read a report containing an outline of the proceedings of the College during the past three years. It was directed to be published for the information of the members. From this report it appears that during that period 75 students presented themselves before the Governors for license, and that of this number 61 were admitted to practice as Physicians, Surgeons and Accoucheurs, 2 as Chemists and Druggists, and 12 were rejected. 70 gentlemen came up for preliminary examination, of whom 60 passed and 10 were remanded.

The Treasurer then submitted his statement, from which it appears that there is now a balance of £127 16s. 9d. to the credit of the College.

Petitions from the students of McGill College and the Montreal School of Medicine were then read, and after having been discussed, it was declared inexpedient to recommend any alteration to the act of incorporation, at present.

On motion by Dr. David, seconded by Dr. Russell, it was unanimously resolved that a delegate be named by this meeting to attend the American Medical Convention, and that the Secretary be instructed to ascertain whether the person so attending can take his seat as our representative. And it was further resolved, that "the President elect be the first delegate, and afterwards the delegate chosen by the board of Governors."

The ballot having been taken for the election of Governors, it resulted in favor of the following gentlemen:—

For Quebec.—*City*—Drs. Morin, Fremont, Marsden, Sewell, Landry. *District*—Drs. Michaud, Marmette, De Salles Laterriere, DeChene, Von Iffland, Dubois and Boudreau.

For Montreal—*City*—Drs. Holmes, Munro, Campbell, Jones, Sutherland, Peltier, Bibaud, and Tavernier. *District*—Drs. Weilbrenner, Sabourin, Chamberlin, Brigham, Boutillier, Valois and Foster.

District of Three Rivers—Drs. Badeau, Gilmour and Dubord.

District of St. Francis—Drs. Glines, Fowler and Johnson.

The newly-appointed Governers having met together, elected the following office-bearers, the two first and fifth unanimously:—

President.....	Dr. Holmes.
Vice-President for Montreal,.....	Boutillier.
Do. Quebec,.....	Fremont.
Registrar and Treasurer,.....	Jones.
Secretary for Montreal,.....	Peltier.
Do. Quebec,.....	Landry.

H. Peltier, M.D., J. E. Landry, M.D. } Secretaries.

There are now 75 registered members enrolled on the books of the College. 43 to Montreal, 31 to the city and 12 to the district: 25 to Quebec, 19 to the city, 6 to the district: 5 to the District of St. Francis and Three Rivers, and 2 to Three Rivers. Of these but 38 were present, one of whom was entrusted with 16 proxies.

TORONTO LUNATIC ASYLUM.

"An unfortunate boy, named George Black, threw himself from one of the windows of the Lunatic Asylum, a few days since, and was instantly killed."

We copy the above notice from the daily press. We are not acquainted with the construction of the Toronto Lunatic Asylum, but we have always understood that it was built on the most approved modern principle. The architect, we believe, visited nearly all the recently erected asylums in the United States, for the purpose of examining the improve-

ments introduced into each, and adopting such as commended themselves to his judgment. Now, we know from personal inspection, that the windows of many, and we doubt not of all, the modern asylums of Great Britain, are so constructed, that it is impossible for any of the inmates to open, or break through them. In some institutions the frames are made of metal, and painted so as to resemble wood; in others, screens of strong wire gauze are placed between the individual and the window. To ensure proper ventilation, some have a pane which admits of being opened by means of a secret spring; others have an arrangement, by which the upper division of the window can be lowered a limited distance.

At all times, the importance of having properly-secured windows in Lunatic Asylums has been recognized. The strong iron bars, which gave the old institutions so dismal, prison-like an appearance, were placed before the windows for security. Why then, we would ask, are the windows of the Toronto Asylum in such a condition, that an unfortunate lunatic, with suicidal propensities, may, at any time, obey the promptings to destruction, of a diseased mind, by opening one of them, and precipitating himself therefrom? The Commissioners had better attend to this matter immediately, else the unfortunate lad, Black, will not long remain the only victim.

The Queen's late Accouchement.—A report was current in the London daily papers, and found its way into some of the American journals, professional as well as lay, that Chloroform had been administered to Her Majesty Queen Victoria during her late accouchement. The Lancet of the 14th May contained an editorial article, leading its readers to suppose that such was not the case, and commented at some length, in rather unmeasured terms, on the extraordinary nature of the rumor, the possible danger of such practice, and the awful responsibility of advising and administering the letheon to a sovereign, whose royal example would no doubt be followed by every anxious woman about to become a mother. We were, therefore, not a little amazed to read in the leader of the Medical Times and Gazette of the subsequent week, a rebuttal of its contemporary's denial, and a confirmation of the original report. The truth appears to be, that chloroform was administered to the Queen by Dr. Snow in the presence of Sir James Clark, that she continued to inhale it for the space of an hour—the last of parturition—but just sufficiently to experience its anodyne effects, with which she expressed herself well pleased, for she never took enough to be rendered completely insensible. It was administered by holding a handkerchief, into which it was dropped, over her face. The labor, the seventh she has undergone, was perfectly natural.

HOSPITAL REPORTS.

UNIVERSITY LYING-IN HOSPITAL.

Funis Presentation.—(Reported by Mr. Thomas Simpson.)

Mary Mack, ætat 30, a stout, healthy Irishwoman, in labour with her third child. The pains set in on Tuesday, 17th May, 1853, and occurred regularly though weakly. At about a quarter to 6 o'clock, upon examination, the os uteri was found soft, cushiony, dilated to nearly the size of a half crown piece, and the bag of waters protruding so far that the presentation could not be made out. At a quarter past 6 the membranes ruptured and a handful of cord was found filling the upper part of vagina, preventing any part of the child from being felt. The pulsations in cord were strong in interval, but completely absent during the presence of the pains, which were of short duration, and not of very frequenf occurrence. Dr. McCulloch, the attending physician, was now sent for, and arrived within half an hour: he found the head still at the brim of the pelvis, and without loss of time introduced the hand, and in a few minutes succeeded in pushing all the prolapsed cord above the superior aperture, and detained it there with the fingers about twenty minutes, until the head had advanced far enough to prevent it again descending. The pains continued weak, and returned at long intervals: on that account, although ergot is seldom prescribed to patients during labour in this institution, it was thought necessary, under the circumstances, to order 20 grs. to be administered to the patient, and this dose not having had the desired effect, an equal quantity was again given within half an hour; the pains then became more frequent and strong, and a male child weighing 8¾lbs. was born alive, at half-past 8 the same evening, and, with the mother, continued well. The placenta was delivered at a quarter to 9. There was no flooding.

[Dr. McCulloch informed us that he met with a case of this kind, in his private practice, a few years ago, where he returned the cord, and prevented its descending again by the same means, and the child was in that case, also born alive.—Eds.]

MONTREAL GENERAL HOSPITAL.

Gun shot wound entering and traversing knee joint.—(Reported by Mr. John D. Clendinnen..

Solomon Corcoran, æt. 36, a native of Ireland, a spare, delicate looking man, was admitted into the Montreal General Hospital, on Monday, 1st November, 1852, under Dr. Crawford. He stated that on or about the 25th of September last, there was a riot at New Glasgow, where he then resided, and as he was standing at his own door at a little distance from the rioters, he received a wound of the left leg, caused by a ball which entered on the anterior part of the tibia about 1½ inches below the knee, and made its exit at 4 inches distance from the entrance, on the posterior part of the leg, traversing the joint obliquely.

At the time of receiving the shot, he positively says he was not con-

scious of the least shock, he did not fall, he did not feel the slightest weakness, but was so far in the possession of his mental faculties as to be able to describe the appearances of both the wounds caused by the ball, remarking that the posterior one was much the larger and most painful.

After the exit of the ball, he noticed a clear oily looking fluid (which he compared to lamp oil flowing from the anterior opening, which continued for some hours, at first without blood, afterwards tinged with it.

About a fortnight afterwards an abscess formed on the outside of the thigh about 12 or 14 inches above the wound, accompanied by severe pain and swelling for which he had applied some liniment. On his admission the limb was very much swollen, and the abscess was opened and fomentations ordered.

Nov. 8. The whole limb is much swollen, and inflamed. He complains of severe pain, especially about the knee joint. The abscess is discharging freely. The anterior wound is closed up. He was ordered an anodyne, and hot fomentations locally, also calomel and Dover's powder 2gr to 6, every 4 hours.

9. Pulse 96 full, skin cool, bowels free, pain in limb not so severe, the limb appears less inflamed and not so swollen, ordered ½gr quinæ ter in die.

10. Pulse 102, skin hot and dry, tongue brown and furred, an erysipelatous blush appears on the inner side of the limb, immediately surrounding the point of exit of the ball, the swelling of the limb is increased, it was ordered to be slightly scarified, and a cupping glass applied as long as he could bear it, To have an aperient draught at bed time if necessary. Omit quinine.

11. Pulse 102, tongue clean, skin hot but moist, bowels free, limb not so swollen nor painful, the scarifications have visibly relieved him by reducing the inflammation, he complained of inability to sleep, which was caused by irritation of his back from his being kept constantly in the same position, of which he complained for the first time to-day. Tr. Iodine was ordered to be applied to the knee joint and around the limb, and solution of nitrate of silver to the bed sores. Poultices to abscess which is discharging freely.

12. Pulse 100, bowels regular, tongue slightly coated, skin cool, limb less swollen and painful, but there is œdema of the ankle joint, the circumference of the limb is much less and the pain is considerably decreased, the bed sores are superficial and improving. Continue fomentations.

14. Pulse 100, has had an attack of diarrhœa last night, the limb feels painful, ordered 8 oz wine, rice and milk, with fomentations of decoct papav to the whole limb, the abscess is still discharging freely.

16. Manifest improvement to day, diarrhœa stopped, pain in the limb less, œdema of ankle nearly all removed, ordered to recommence the quinine, in grain doses, three times daily.

29. Continued to improve till this day, when inflammation again set in with much pain and increase of swelling, pulse 100, quick and incompressible, ordered calomel and Dover's powder, fomentations continued, the limb to be cupped over the seat of pain.

Dec. 2. Pulse 96, inflammatory symptoms have somewhat disappeared the limb is less painful and swollen but the œdematous condition of the ankle has returned, the abscess discharging freely.

6. Pulse 100, the limb is exceedingly painful, which is increased by

pressure, deep seated fluctuation detected in the upper and external part of the thigh, ordered to be assiduously fomented as before.

9. A large quantity of matter was discharged by the lancet from the situation of the fluctuation, and the limb ordered to be poulticed and fomented as before. Continue quinine, the patient is improving.

17. Continues to improve since last report, takes quinine 1 gr ter die, and finds his strength slowly returning.

From last date to 22nd Feb., on which day he was discharged cured, with the exception of unavoidable anchylosis of the knee joint, he slowly improved, regaining health and strength daily.

A remarkable feature of the foregoing case, was the absence of the shock, which generally follows a gun shot injury, be it ever so trifling; although the injury was of a very serious character, involving one of the most important joints, the man positively stated he received no shock, and, if my recollection serves me, he told me he carried his child from the door into the house, after being shot. Hennen, and all the authors on Surgery I am acquainted with, distinctly state that the shock after gun shot wounds is almost universally present, of course felt with more or less severity.

MONTHLY RETURN of Sick in the Marine and Emigrant Hospital, Quebec, from the 29th May to the 2nd July, 1853.

Description.	Remaining 28th May	Since Admitted.	Total.	Discharged	Died.	Remaining, 2nd July.
Men,.....	41	205	246	150	2	94
Women,.....	14	30	44	21	1	22
Children,.....	2	8	10	3	5	2
Total,.....	57	243	300	174	8	117

C. E. LEMIEUX, House Surgeon,
Marine and Emigrant Hosp.

JOURNALS RECEIVED IN EXCHANGE.—Boston Medical and Surgical Journal—New York Medical Times—Nelson's American Lancet—North Western Medical and Surgical Journal—Southern Medical and Surgical Journal—Virginia Medical and Surgical Journal—Nashville Journal of Medicine and Surgery—Dental Register of the West—Dental News Letter.

To Correspondents.—Dr. Foster, Froste Village. We thank him for his flattering approval and kind wishes.—*Dr. Vincent*, Malbaise, and *Dr. White*, Durham. Their requests have been complied with.—*Dr. Travers*, Fingal. We hope so too, and do not anticipate disappointment.—*Forceps*. Miller's Surgery.

MEDICAL NEWS.

380 deaths, on the average, occur every week in New York. Of 1520 deaths in this city during the month of June, 191 are referred to Consumption. The maximum number of deaths in one week was 561, the minimum 310. Of the former 55 are put down to consumption, of the latter 52.—Dr. Wm. H. Van Buren, Professor of Anatomy in the University Medical College, has been chosen surgeon to the New York Hospital, in room of Dr. A. C. Post, resigned.—Dr. Joseph Leidy, of Philadelphia, has been elected to fill the vacancy of the Anatomical Chair in the University of Pennsylvania, occasioned by the death of Dr. W. E. Horner.—Drs. Wood & Bache, the well known authors of treatises on Practice of Physic and Materia Medica, are on a visit from America to Paris.—The best manikins are made in France. The different sizes and prices are as follows:—About 18 inches high may be had at $90; 4 feet high, with 1700 objects, at $350. Same size, with 1200 objects for $200. 6 feet high, with 1200 objects, $400; with 1700 objects $950.—The female medical college of Pennsylvania is to have a female faculty. Miss Mory, M.D., of Providence is one of them. It is located at Perkioomen Bridge, Montgomery County.—An act of incorporation for the Ladies' Physiological Institute was obtained in March, 1850. All the members are females, and they have conducted its affairs admirably. Usually a lecture is given once aweek. Besides skeletons, models of individual organs, and one of the finest manikins in the city, they have a choice library. With small means, they have made themselves known and respected for their intelligence, and their praiseworthy determination to study the art of promoting the health of themselves and others.—Dr. Bailey, a London physician of distinction, recently committed suicide.—A jury has returned a verdict of $800 against Dr. Crosby in New Hampshire, for malpractice in a case of fracture.—The New York Medical Gazette states that 29 suicides, 5 murders, and 209 cases of insanity are directly traceable to spiritual manifestations as the cause.—Owen Duffy, of Monaghan County, Ireland, is 122 years old. When 116, he lost his second wife, and subsequently married a third, by whom he had a son and daughter. His youngest son is 12 years old, his eldest 90. His mental and corporeal faculties are still vigorous, and he often walks a distance of 8 miles.—60 deaths by black vomit were recently reported at Vera Cruz.—Yellow fever and dysentry are raging at Rio Janeiro.—A serious riot occurred in New York in latter part of June, by a mob, who riddled the house of Dr. George A. Wheeler, because some human bones were found on the premises.—Several petitions were presented during the first week of June to the House of Commons, praying for medical reform. At the 14th anniversary of the Hospital for Consumption, London, it was stated that during the year 443 patients were admitted, of whom 292 were discharged relieved, and 61 died. The out-patients numbered 3671. Since its opening, 2445 in, and 21,451 out-patients have been treated.—On motion of the Chancellor of the Exchequer, the following important modification of the mode of assessing the Income Tax has been carried. The duty on professional incomes is to be charged on an average of the profits of three years, instead of on the amount of the profits within the preceding year.—The Empress of the French desires that an hospital for children be erected in the Faubourg St. Antoine, and to start with 200 beds, as the present one, in the Rue de Sevres, although containing 626 beds, does not afford sufficient accommodation.—Dr. Lionel J. Beale has been appointed joint Professor of Physiology with Mr. Bowman at King's College.—According to Macaulay all the medical men of note were summoned to Charles II during his last sickness and one of the prescriptions was signed by 14 Drs. "He was bled largely, a hot iron was applied to the head and a volatile salt extracted from human skulls was forced into his mouth." He survived this treatment 4 days.—Dr. Josiah Crosby, of Manchester, N. H., refused to dress a fractured limb the other day unless the patient would place himself under bonds not to prosecute in the event the limb should not be perfect. This is the only safe course in the present rage for getting money from surgeons in unsuccessful cases, which is only paralleled by the suits against railroad companies.—Trousseau recommends as a substitute for cod liver oil, fresh butter ℥iv; Iodid of Potassium gr. ¾ Bromide of Potassium gr iij common salt ℥½ to be eaten during the day on very thin slices of bread.—A man known as Dr. Watts was mulcted in a sum of $1,100 damages in New York, for injury inflicted on a patient by giving *Watt's nervous antidote*.—Java papers say that in two districts of the Province of Menado not less than 219 mad dogs had been destroyed and 45 persons bitten. Numerous pigs had also gone mad. The malady there is attributed to the volcanic temperature arising from recent earthquakes.—Dr. Beaumont the author of the justly celebrated researches on digestion has recently died at St Louis, aged about 68 years.—Prince Albert is now convalescent from measles.—Dr. Marshall Hall is now in Quebec. He is expected in Montreal in a few days. We hope the profession here will show him some mark of their admiration of his great abilities.

THE

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ORIGINAL COMMUNICATIONS.

ART. XIV.—*A Lecture on the Diastaltic Spinal System.* By MARSHALL HALL, M.D., F.R.S.L. and E., Foreign Associate of the "Académie de Médecine" of Paris; &c. &c.

To the Editors of the Medical Chronicle.

GENTLEMEN,—The following lecture, with variations suggested by each occasion, was given to my medical brethren at Quebec, Montreal, and Toronto, in July and August, 1853. It presents an outline of investigations to which I have devoted a quarter of a century, and I trust it will not fail, in its printed form, to interest the student of medicine, the physiologist, and the practitioner.

One idea frequently recurs to my mind. It is, that our profession will take the rank to which it is entitled, when that is achieved for it which was achieved for astronomy and chemistry, when they were rescued from the superstitions of astrology and alchemy; that is, when it is raised from its manifold empiricisms—its Mesmerisms and its Hahnemannisms—to its true dignity of a noble and elevated science,—when physiology is our guide in the medical ward and in the sick room.—I am, Gentlemen, yours faithfully,

MARSHALL HALL.

LECTURE.

Gentlemen,—My first object on the present occasion is to show you the few and simple experiments on which the establishment of the Diastaltic Spinal System is founded. My second will be to demonstrate the application of the principle of this system to the study of physiology, and of the pathology of convulsive diseases, and especially of epilepsy.

The whole class of the acts of ingestion and of egestion in physiology, and the science of Obstetrics as related to one branch of these; and the whole class of convulsive diseases in pathology, are part and parcel of this spinal system. The principle of the spinal system is as Ariadne's web in regard to these departments of medical science.

With these very brief remarks I proceed to experiments:—

The first of these consists in dividing the cerebrum, the cerebellum inclusive, from the medulla oblongata. I thus separate the centres of the cerebral and the spinal systems, and consequently the systems themselves, their functions and their phenomena, from each other.

Now perception and volition, and voluntary and spontaneous movements, the allies of these, reside in the cerebral system.

I make the division to which I have adverted, either by passing a couching needle, so as to sever the cerebrum from the medulla oblongata, or by removing the head at once, at the same point, by a pair of sharp scissors.

There can, of course, be no manifestation of cerebral phenomena in the head, even supposing feeling and perception to exist. There can be no manifestation of cerebral phenomena in the remaining portion of the animal, because the cerebrum is removed or separated from it. What phenomena then remain in it?

If sensation, and perception, and volition are functions of the cerebrum exclusively, there can be no phenomena dependent on these; that is, there will be no voluntary, no *spontaneous* motion, no movement the result of *design* on the part of the animal. This fact presents us with the *experimentum crucis* in regard to the questions—In what part of the nervous system do perception and volition reside? Are they limited to the centre of the cerebral system? Or do they extend to and exist in that of the spinal system also?

There are two modes of irrefragably replying to those questions. The first consists in an appeal to the human subject in cases of injury separating the influence of the cerebrum from that of the spinal marrow. Is there perception or volition in any part from which the influence of the former of these is removed? The second consists in an appeal to experiment. Is there spontaneous motion in any part of an animal from which the influence of the cerebrum is separated, that of the spinal centre alone remaining?

I have recently, in July, 1853, had the opportunity of examining, with Dr. Small of Toronto, a patient perfectly paraplegic to perception and volition *below* a certain line a little below the margin of the ribs. Accepting the testimony of this patient, the proposed question is decided negatively.

In similar instances of injury or disease of the spinal marrow, the same fact, the same proof of the entire absence of perception and volition below the destroyed portion (as to function) of the spinal centre, have existed.

I take a frog and pass this needle between the cerebral and spinal centres; the animal is instantly deprived of movement. But this is the effect of *shock*—we must wait a few minutes. Now, you observe that I

can, by an external stimulus *excite* movement in both anterior and inferior extremities; the effects of shock have passed off. Still, as you perceive, there are no *spontaneous* movements.

I will now place the animal in a position which would be most painful, if the faculty of perception remained. Still you see that, when it has once become tranquil, the animal, if perfectly unexcited, moves no more. There is no spontaneous motion.

But now observe how slight an excitement will develope movement. I take a toe between my thumb and finger, and gently compress and irritate it. There are vigorous movements enough. Some of these movements much *resemble* voluntary movements, and so have misled some experimenters into an erroneous conclusion, that perception, design and volition still exist in the decapitated animal. Such phenomena are seen in the frog, and have recently been frequently displayed in the *alligator*.

I now place this vigorous frog, which has scarcely lost any blood from the operation of separating the cerebrum from the medulla oblongata, *rudely* on the back. You see the animal turn briskly on the abdomen, its natural position.

I said I placed it on its back *rudely*. In doing this I *excited* the eisodic or incident dorsal nerves, by the rude contact with the table. I now place it in the same position softly and gently. You see that it retains that position; and this, I may add, it will do, without alteration, *if all excitement be avoided*. You may sketch its present form, leave it for the night, and come to-morrow and find that form unchanged, all vital phenomena being extinct. Yet if I irritate the animal at this part, near the sphincter ani, it will, as in similar experiments with the alligator, raise its foot or feet so as, apparently, to remove the source of irritation. How is this fact to be explained, except on the principle of consciousness and volition?

In every voluntary act there is the concurrence of *spinal action* with volition. This spinal action coincides and co-operates accurately with that act, and when this act of volition is absent, the spinal action assumes precisely the same form as before. Thus the decapitated fowl will fly; the decapitated ostrich, as in the case in which the Emperor Commodus struck off its head by means of a crescentiform arrow, runs on; the decapitated triton, tortoise, or snake, will slowly walk or move onwards.

Evidence of this spinal action seconding volition is afforded by some pathological facts. In writing, the thumb, in one case, is carried inconveniently, so as to make painful pressure on its edge. There is lost coincidence of action.

There is nothing more important and interesting than the principle of

associated reflex action. It is on this principle, that inspiration and expiration are linked together, constituting respiration; and that all the acts of ingestion and of expulsion are finished acts, and not mere actions. It is in this manner that certain excited movements are constituted into acts of flight, of leaping, or running, &c. It is in this manner that reflex acts come to resemble voluntary acts, and acts of design.

Another principle is called into action in these latter cases. In the perfect animal, the function of volition is accompanied by spinal action, reflex or direct; the two principles of action coincide with each other; and when one, as volition, is removed, the other or remaining one performs an action similar to the perfect or more complicated one; the wings excited, perform the act of flight; the feet excited, perform the acts of leaping or running. The decapitated fowl flies, the decapitated ostrich runs.

If, as I have said, in the decapitated frog the parts near the sphincter ani, are irritated, the two feet are frequently drawn upwards, as if to remove the cause of irritation. Similar facts have been observed in the decapitated alligator. Such facts have been recently mistaken by several physiologists for acts of volition, and have been supposed to denote the existence of sensation and volition in the isolated spinal marrow. Such, too, was the erroneous opinion of Legallois. I have already referred to the facts observed in the case of perfect paraplegia in the human subject, and to the absence of spontaneous movements in decapitated animals, as affording its refutation.

But I must not detain you longer with this discussion, rendered necessary by the recent experiments on the alligator, to which I have refered, and which I purpose repeating during the next winter; not that I doubt their accuracy; it is their rationale that I question, and I wish to see whether true spontaneous movements occur in that animal when decapitated.

I now beg your attention to the facts of direct and reflex diastaltic spinal action. I irritate the upper portion of the spinal marrow. You see what energetic convulsive movements are induced. These movements are, of course *direct*. I now excite the skin of the toe. *Similar* but *reflex* movements are the consequence. These events may be justly regarded as TYPES of the direct and reflex forms of epilepsy. And thus the paths of the physiologist and the physician meet!

I now proceed to point out distinctly the anatomical course of these reflex actions. I irritate the skin, and the limb and other limbs move. Now in the skin is the origin of the nervous arc in these reflex actions. This arc, originating thus in the skin, proceeds along the femoral and lumbar nerves to the spinal marrow; thence along the same nerves (for

the eisodic and exodic nerves are contained in the same neurilemma), to the muscles, to be variously excited to contraction. How near is this to a circulation of nervous force!

You may destroy this arc by dividing it in any part of its course. I strip off this portion of skin of the foot and irritate the toe; all reflex action is extinct. I now divide the femoral or lumbar nerve. There is again the absence of all reflex action. Lastly, I destroy the spinal centre; the same result!

This is demonstration: and it is the demonstration of a totally new kind of anatomy. Such a diastaltic nervous arc had not been imagined even. Nevertheless, every act of ingestion and of egestion in the animal economy is a diastaltic spinal act, through such a nervous arc or such nervous arcs as this!

The spinal system is not only the nervous agent in the acts of ingestion and of egestion, but it presides over all the sphincters, and therefore over retention and exclusion: in this manner the iris and the eye-lid; the larynx, the pharynx, and the cardia: the sphincters ani and vesicæ and vesiculæ seminalis, and of the Fallopian tubes and uterus, are under the constant influence of this system.

It is precisely on the muscular system thus subjected to the spinal, that the phenomena of convulsive diseases manifest themselves; and thus the neck, the larynx, the respiratory muscles, the expulsors, &c., are each and all singled out and made the seat and agents of this class of diseases; and hence laryngismus, dyspnœa, dysecpnœa, globus, emissiones seminis, urinæ, stercoris; &c. &c.

I must here be allowed to state in the most pointed manner, that the principle of the diastaltic spinal system, or that of all the acts of ingestion and of expulsion in the animal economy is, of course, that of parturition or the expulsion of the fœtus; and as a consequence or corollary, of the whole art of Obstetrics. This I pointed out on several occasions many years ago. More recently, Dr. Tyler Smith has, at my request, and under my direction, but with great originality and ability, pursued this subject. I cannot too strongly recommend his work to you. I am sorry that the dedication is not in the terms originally agreed upon between us.

The expulsion of the fœtus, the arrestation of uterine hæmorrhage, are both promoted by the usual excitants of reflex action.

From obstetrics, in which physiology and medicine meet—for parturition is, of course, a physiological act—I pass on to convulsive diseases, in which the phenomena are all pathological. Every convulsive phenomenon is the result of an excitation, direct or reflex, on the same diastaltic or spinal system!

These are vast generalizations. To single out one convulsive affection,

I may observe, that epilepsy, that Herculean disease, of which Esquirol said: "Les symptomes de l'épilepsie sont tellement extraordinaires, tellement au dessus de toute explication physiologique; que," &c., epilepsy is become, since the detection of the spinal system, one of the maladies of the human frame best understood! For epilepsia is, in every case *direct* or *reflex* action, and its effects. And epilepsy, and the simple apoplexy of Abercrombie, and what may be termed simple paralysis, and mania, and dementia, may be but different phases of the same disease! Is not this, then, a noble study? And to know the disease is said to be 'half its cure!' It is certainly the means of learning the just and proper treatment. It is also the means of insuring our profession from empiricism.

But I now revert to the experiments with which I proposed to occupy this evening, and proceed to describe them more in detail. My audience will kindly excuse a little repetition.

Exp. 1. In this, my first experiment, I shall endeavor to pass this needle so as accurately to divide the cerebrum from the medulla oblongata. If I should fail in accomplishing this, one of two events will occur; either I shall leave a portion of the cerebrum attached to the medulla oblongata, or I may injure the medulla oblongata. In the former case spontaneous movements may remain; in the latter, which will be indicated by a laryngeal sound, respiration will become extinct.

I now pass the needle at the point at which I have spoken. You heard the sound; the medulla oblongata is injured; we shall have no spontaneous movements, but we shall also observe that all respiratory movements will have ceased.

But first, gentlemen, observe the momentary absence of excited reflex action when I irritate the toe. This phenomena is the effect of *shock*—of the shock of the operation. In a few minutes the frog will have recovered from this shock, and on again irritating the toe, energetic movements will be observed.

And now, on exciting the integument of the foot, the frog actually *leaps* out of the plate! But having done so, it remains quiescent, absolutely quiescent, and will move no more! The position assumed would be a most painful one, if sensibility remained; and there would be an immediate voluntary movement to change it, if volition remained. But there is absolute immobility. As I have already said, the position of the animal might be drawn, and if it were preserved from all excitement absolutely, it would be found to be retained until all vitality had ceased.

(To be continued.)

ART. XV.—*Cases treated in the Montreal General Hospital, with Remarks.* By W. FRASER, M.D., Lecturer on the Institutes of Medicine, McGill College.

CASE, No. I.

Paralysis of the Bladder, successfully treated by Galvanism. Reported by Mr. Rintoul, Apothecary to the Hospital.

John Mathews, æt. 60, a British army pensioner, of slender bodily conformation, was admitted into the hospital on the 24th May, 1853, under Dr. Fraser, complaining of inability to pass urine. He states that four days previously he got himself wet, on the subsequent day was seized with a severe rigor, and on the day before admission was seen by Dr. Maclagan of the XXth Regiment, who relieved him by introducing a catheter, and recommended him to come to the Hospital.

Present Condition.—Slightly feverish; tongue covered with a pasty white fur, and its papillæ enlarged. When he attempts to make water, only a few drops dribble away; the prostrate seems somewhat enlarged, which is probably senile; no particular pain; has a hydrocele of long standing. The catheter was introduced, and about 12 ounces of urine drawn off, a portion of which was ordered to be reserved for examination. The instrument was directed to be passed thrice daily; its introduction was attended with little or no difficulty. He was ordered an aperient draught, and a warm bath in the evening.

26th. On examination, the urine was found to be normal in quality; no improvement in regard to passing it; complains of pain about the perineum. Ordered a drachm of the tincture of the ergot of rye four times a day, and a blister over the sacrum, with the endermic application of strychnine when the cuticle becomes sufficiently raised by the blister.

27th. At noon, a portion of the cuticle having been removed from the blistered part, ¼ grain of finely pulverised strychnine was sprinkled over the cutis vera, and at 6 p.m. ¼ a grain more.

30th. No marked improvement as regards ability to pass urine, which is now, when drawn off with the catheter, deeply colored with blood; is feverish, and complains of sickness and headache. Omit ergot of rye, and let him have one ounce of the following mixture every fourth hour:—Acetate of potash, ½ oz.; wine of ipecacuanha, 1 drachm; water, 6 oz.

31st. Fever gone; feels better, but is still unable to pass his urine, in fact, there is no perceptible improvement in that respect, from the treatment hitherto adopted. The parietes of the bladder were therefore ordered to be galvanized in the following manner: A silver catheter was introduced into the bladder, which was made to rest on the fundus of that organ, and a female catheter into the rectum, which was made to rest on the recto-vesical parietes; they were then put in connection with

the poles of an electro-galvanic machine, which was put at first into gentle action, and then a pretty strong current kept up for 10 minutes, which produced powerful contractions, tending to expel the catheters. He was then ordered an aperient draught and a tepid bath.

June 1st. Decided improvement, passes the greater portion of his urine spontaneously, though not able to empty his bladder completely; the urine is no longer bloody.

2nd. Still improving. Galvanism was reapplied as on the 31st, and with the same effect.

3rd. Up to this period the catheter was employed at first thrice daily, latterly twice, but he has now so far recovered as to render its use unnecessary; it was therefore ordered to be discontinued.

4th. Still going on well, but weak. Ordered four ounces of wine daily, and a more nutritious diet.

6th. General health improving, but has a frequent desire to micturate; The stream stops suddenly, and the urine, which has an acid reaction, is loaded with mucus. Ordered a wine-glassful of the following mixture four or five times daily. Leaves of uva ursi, 1 oz.; hops, ½ oz.; boiling water, 1 quart. Infuse, strain, and add carbonate of soda 4 scruples.

8th. At 8 o'clock this morning, had a rigor, accompanied with a sharp pain about the lower border of the left ribs, for which a turpentine stupe was applied with benefit. Evening.—From his inability to pass urine, the catheter was introduced twice during the day. The urine is, at the time of being drawn off, turbid, with a considerable flocculent deposit of mucus. He complains of severe pain and tenderness about the neck of the bladder and urethra. Ordered a warm hip bath, and an enema of tepid water, after which, should the pain continue, a suppository, containing two grains of opium, to be administered. This latter remedy was found necessary, and when exhibited, gave him marked relief.

11th. Still complains of some degree of pain about the base of the bladder and urethra, but is now perfectly able to pass urine when requisite. The suppository of last report to be repeated in the evening, and 2 grs. of iodide of potassium added to each dose of the uva ursi mixture.

14th. General health much improved. Urine less turbid. Continue.

19th. Is feverish; complains of wandering pains about epigastrium, and a severe scalding pain on passing urine; has probably been exposed to cold about the galleries. Fancies the mixture disagrees with his stomach. Omit it, and let him have 1 oz. of the following every 4 hours: acetate of potash, 2 drachms; ipecac. wine, 1 drachm; liquor potassæ, 1 drachm; water, 6 oz., and linseed tea for drink.

27th. Looks and feels healthier and stronger; passes urine quite freely, and with but slight pain in the urethra.

1st July. Discharged. His general health much improved, and the

complaint for which he entered (retention of urine,) entirely removed, having now no difficulty in passing water. At his own request, the old hydrocele was punctured, and 8 oz. of clear fluid drawn off, which he says had been two years in collecting.

REMARKS.

The cause of the paralysis of the bladder in this case was evidently over-distention of its muscular fibres, occasioned by the retention of urine, which resulted from the wetting which Mathews got a few days prior to his admission into the Hospital. The prompt and permanent benefit derived, in this rather unfavorable case, considering the man's age, &c., from the direct application of galvanism to the parietes of the bladder, after the failure of the ergot of rye, and other means employed, prove it to be an eligible therapeutic agent in similar cases; and the established physiological doctrine, that although the muscles of animal life are ordinarily and best called into action through stimulants applied to their nerves, the muscles of organic life are usually called into action by the direct application of a stimulus to their surface, and are with difficulty made to contract by stimulants applied to their nerves, satisfactorily explains the modus operandi of galvanism in overcoming such a form of paralysis of the bladder as this was, and, moreover, shows the practice to be based on principles as scientific as it was successful in the above case.

The low degree of vitality of the coats of the bladder, owing to old age and the over-distention to which they had been so lately subjected, together with the irritation caused by passing the catheter, and sudden changes of the weather, to the influence of which Mathews exposed himself by walking about the galleries, were the apparent causes of the subsequent irritation of the urinary mucous membrane.

8 Little St. James Street, July, 1853.

ART. XVI.—*The Medical Institutions, &c., of Berlin.* By Wm. Hales Hingston, M.D., L.R.C.S.E., Member of the German Society of Naturalists and Physicians, Berlin.

From the time of Frederick the Great, Berlin has been looked upon as the focus of talent and learning; and has, almost universally, been considered the Athens of Germany. During, and since the reign of Frederick, it has been the seat of the most polished and refined society—society to which talent and moral worth, with a liberal education, were the passports. That monarch (himself a poet and philosopher, as well as a politician and warrior) labored hard to make Berlin a capital worthy of Prussia; and his successors followed his example. They endeavored to establish its reputation by means of men celebrated in the various

fields of science and literature. To this end, Prussia generally—indeed every country where the German language is spoken—was canvassed for those who were calculated to add lustre to the university, and thereby to the capital. When no vacancies existed, it has *not* unfrequently happened that persons have by Government been furnished with the means of living in a style suited to their position, under the condition that they should reside for a portion of the year at Berlin. In casting our eyes to the large number of scholars, divines, naturalists, learned, &c., who have here lived and died, we naturally look for those who have labored for the cause of medicine and surgery, but are disappointed at the smallness of their number; and they, too, for the most part, within the memory of men still young. Thus, while music, the fine arts, the various branches of science, &c., were encouraged and supported, the *healing* art was allowed to continue in unmerited obscurity. The *eclat* that attended the medical institutions of Prague, Vienna, Bonn, Wuerzbourg, &c., kept Berlin for a long time completely in the shade.

Towards the beginning of the 19th century, however, she began to attract attention; her hospitals and schools were more thickly attended. She now numbers the most students, and the largest surgical class in Europe.

It may be of advantage to some of the readers of your Journal—especially to those who intend visiting this portion of the continent, to learn what are the advantages Berlin affords to those seeking professional education. For this purpose I shall, with your permission, transcribe from my daily journal the observations on, and remarks I have there noted relative to those matters; and I must be pardoned if I occupy too much time in giving detail.

The university, a very fine building, built by Frederick William III., was opened in 1810, when, by order of the Prussian Government, or rather the King—for free legislation was at that time unknown—the university was removed from Frankfort on the Oder to its present situation, Berlin. It is situated in the finest and most fashionable part of the city, in a large broad street *(unter den Linden)* directly opposite to Frederick the Great's monument, and the palace of the Prince of Prussia, with the Arsenal, Museum, and King's Palace on the left. In front there is a pretty garden, and in the rear a grove.*

At first the number of students who were attracted to the Prussian

* I may here observe, that, generally speaking, the German Universities are situated in the finest and most beautiful parts of their cities. The German public pay greater attention to, and evince greater interest in, all matters relating to education and learning, than do the British or Americans. On visiting strange cities, their first enquiry is, "Wo ist die universitaet?" Persons residing in Britain or America are not often called upon to answer such questions.

capital was not very great; for although professors of generally acknowledged ability were sent for to all parts of the Kingdom, yet the advantages afforded to military over civil students, prove extremely distasteful to the latter, and prevented many from attending its sessions.* By a wiser policy of Government, by gradually yielding to the wishes of the people, and by affording to civilians *all* the privileges they had granted to others, the university soon began to flourish. At the present moment it numbers 2,200 *matriculated*, and many immatriculated students. Of the matriculated about 2-9ths are medical. There is no university in Germany where so many students are collected together. Prague, the oldest, numbers 1,272; Munich, 1,957; Bonn, 866; Wuerzbourg, 722.

Labor is thus divided among the various professors in their several departments:—In Theology, there are 5 ordinary and 4 extraordinary professors, and 2 private docentes; in Law, 9 ordinary and 4 extraordinary do., and 3 private docentes; in Medicine, 11 ordinary, 6 extraordinary, and 19 private docentes; in Philosophy, 27 ordinary, 29 extraordinary, and 31 private docentes; in Modern Languages, 5.

The largest building for the reception of the sick is "La Charité," built by Frederick William I., for the education of surgeons for the Prussian army. It continued as such till 1810, when the University was brought from Frankfort on the Oder. Previous to that time there were professors of the Military Academy who gave lectures to the young men studying for the army. In 1810, the professors in the University were allowed wards for their *clinique*, and students then matriculated. In 1848, Government made still greater concessions, by permitting civilians to become assistants to the professors in *one* medical *clinique*.

The "Charité" is governed by two directors—one medical and one administrative. It is divided into old and new. In all, contains 900 beds, but could accommodate nearly double that number did circumstances require it. The old contains the medical, surgical, obstetrical, and children; the new, the syphilitic and insane, sick prisoners, and those sent from the prisons. From the medical four wards are selected for the clinique, two male and two female, one of each for each professor. From the surgical are taken four wards for clinique, male and female, two of which are for ophthalmic surgery. These are all attended by the same surgeon. The obstetrical department contains only 30 beds, which are seldom all occupied. By a very unwise and prejudicial arrangement, it is open to students *only in the summer season*, and to *midwives* in the winter. This almost amounts to a total prohibition. There are not, on an average, more than 400 births in a year. For small pox

* These remarks apply only to students of *medicine*. On those studying divinity, arts, law, &c., were placed no restriction.

a very large space is taken. Patients are changed frequently from room to room, and their recently occupied apartments freely ventilated. The greatest cleanliness reigns throughout the whole establishment. The wards are well ventilated, light and cheerful. Each ward contains about 16 beds, such wards as 40 or 50 would be crowded into in some of the hospitals of Paris. Those set apart for the clinique are fitted up in a style approaching to elegance—the high roofs, the large and numerous windows reaching almost to the ceiling, the rosewood and iron bedsteads, the polished wax floors, &c., are luxuries to which the eye is, unfortunately, not much accustomed in such localities.

Apart from the Charité, and in connection with the University, are 3 cliniques, for medicine, surgery and midwifery. They are all supported by Government, and consequently admit patients from all parts of Prussia. Besides these, there are *policliniques*. Patients not desirous of entering hospital are attended at their own houses by the students; and, when necessary, by the assistant physicians, &c. In the hospital of the University, about 300 births take place in the year; in the policlinique, between 800 and 900 *out-door accouchements*. There are several private cliniques for the education of young men. It would take up too much time to enumerate and describe them all, and I must content myself with the following:—

The Orthopædic Establishment of Dr. Buehring. In this establishment, which is situated on the outskirts of the city, almost every degree of deformity may be met with, and an infinite variety of apparatus. A few months' attendance will suffice to show to the most sceptical the great advantage that frequently attends the judicious employment of mechanical means for the removal of deformity. The patients (nearly all young girls between the ages of 4 and 16), although obliged to remain several hours a day in a certain position, look healthy. Most of them leave hospital with rosy cheeks, and little trace of deformity remaining. Dr. B. was nephew to Dieffenbach, and edited his work on practical surgery. He seems to inherit the genius of his uncle.

Dr. Von Graeffe has a clinique for diseases of the eye. He enters very fully into the physiology of the eye, and the laws of optics. His treatment of strabismus and perverted vision, by means of prismatic glasses, has been very successful; also his treatment of ulcers by means of Atropine. Dr. Von G.'s acquaintance with French and English; and his desire to impart instruction by speaking in either language when necessary, renders him a favorite with those speaking these languages.

The following are the establishments *not* intended for the education of students:—

Bethanian, founded by Frederick William IV., and opened tn 1848 for the education of Protestant Sisters of Charity as nurses, or *Diakonissen*,

who here serve a novitiate of one year before becoming sisters. These nurses are not composed of the lower classes, but frequently belong to the first families of Prussia; the countess of Stolberg, recently married from this institution, had been a nurse for many years. Unlike the Roman sisterhood, they pledge themselves to celibacy but for *five* years, at the end of which, if Providence should have thrown in their way some *likely* fellow, they can doff the modest grey and white; if not, they may renew them again, for other five years, or life. They are paid a trifling sum yearly—barely sufficient for clothing. They frequently serve in the Charité, and in the city as nurses. The proceeds of their labor is paid into the treasury of the Bethanien their *Mutter Hans*, to which they, at the end of their engagement, return. Like most establishments where sisters of Charity are nurses, every thing is remarkably clean. It, as well as the Charité, are heated by air. Tubes of heated air are introduced into every part of the building, and others for cold air and the removal of effluvia. The Bethanien accommodates but 300 patients. The beds are six feet apart. It is attended by four physicians and surgeons. The directress and apothecary (also a woman), are elected by the Diakonissen from among their body.

Elizabethean—for diseases of women generally, contains 90 beds; also attended by Sisters of Charity.

Armen Haus Hospital, for vagrants (sick), incurably sick, incurably insane, and prostitutes, (these are all kept separate), contains 1000 beds, which are generally well filled in winter; in summer rather empty.

Kinder Hospital, for children of from 1 to 12.

The professors of Clinical Medicine in Berlin are Schoenlein, Wolff, Romberg and Traube. To Schoenlein there can be but one objection—the difficulty of being understood. Laboring under œdema glottidis his voice is in consequence hoarse and guttural. His therapeutics, however, are excellent. He has the largest medical practice in Prussia; has been the King's physician for many years, and is held in high esteem by the profession. He seems to have an unconquerable dislike "to see his name in print." A few years ago, some of his assistants took short hand notes of his lectures and published them. They formed, when complete, a large work, but S. bought up all he could procure, and endeavored to suppress the remainder.

Traube devotes several hours a day to giving instruction in auscultation and percussion. He has written several papers on various subjects; one in particular on "critical days," is very excellent.

Romberg has a wide-spread reputation for his treatment of nervous affections. Arsenic in every variety of dose and preparation seems to be his favorite remedy. His work on diseases of the nervous system, translated into English, is no doubt familiar to many.

Juenken (pronounced Yuenken) and Langenbeck are the professors of surgery; the former attached to the Charité, the latter to the University clinique in Ziegle Strasse. Much praise cannot be bestowed on Juenken as a *general* surgeon. He had made the eye his particular study, and, when considerably advanced in years, he was appointed to the chair of surgery. The result is, that although passable, he is not calculated to add lustre to the chair. As an ophthalmic surgeon, however, he is entitled to the highest praise. He operates with the greatest ease and dexterity, while his diagnosis seems almost infallible. Juenken has strenuously, and I fear unsuccessfully, endeavored, in a public discussion with Langenbeck, to show *that death can never take place in any patient from the inhalation of chloroform in any quantity*. It might be supposed that the loss of half a dozen patients in his hospital practice, when in a state of anæsthesia, would lead him to think that chloroform was *not* perfectly harmless. Yet those deaths have been attributed *not* to chloroform, but to shock of the operation. It is unfortunate that a man should hold such views—as it causes him to pay less attention to his patient—to administer it in unnecessarily large quantities, and to confide its administration to improper hands.*

But by far the most attractive to the stranger is the surgical clinique in Ziegel Strasse, where Langenbeck may be seen daily, with, generally, several cases for operation. The operating theatre, (a large, circular, well lighted room), is interesting, also, for its associations. 'Twas here Von Graeffe, during a number of years, gave instructions, till death removed him from the scene of his great success. He died a millionaire, by his profession. 'Twas here his world-renowned successor, Dieffenbach held forth. 'Twas here, alas! he died. The sofa, on which he was seated, observing a student making an examination of a tumor, when he quietly and suddenly expired, is still here. The portraits of both are suspended in the room. Dieffenbach's death was so sudden, and in the midst of such flourishing health, that the great mass of the people could not believe he was dead. A mirror was placed before his mouth, and in this way was closely watched by his assistants and several physicians for four days, but no sign of life was visible. The populace, however, still fondly clinging to the hope that he *would* "come to"—nay, almost believing in his infallibility, would not even yet allow him to be buried. *They* watched him five days more—when decomposition too plainly told them they need watch no longer. When it was at last admitted that he

* On the 6th January, I was present at an operation—Extirpatio bulbi for melanosis. When the eye had been completely removed, it was observed that the patient, (a woman of about 58 years of age), did not breathe. Electricity, respiration, &c., were resorted to—but to no purpose. This death, like the preceding, was attributed to shock to the nervous system, and would, he said, have taken place, even if chloroform had not been administered.

was dead—and their charge transferred to the undertaker—the feelings of the people were manifested in one universal outburst of grief. He was attended to his last resting-place by *thousands*—all testifying their sorrow by carrying wreaths of mourning (the usual manner in Germany of manifesting grief for departed friends) which they placed on and around the tomb.*

In no Clinique I have yet visited, have I seen so many operations as are here to be witnessed. The hospital is not large—but is entirely set apart for cases requiring operation. Persons residing in the city and neighbourhood are brought to be operated upon—and taken back to their respective domiciles. The reputation of the operator draws to the capital patients from all parts of Prussia and surrounding duchies. As a lecturer and teacher, Langenbeck is considered superior to his predecessors. As an operator—inferior in *no* respect—superior in many. His talent and genius, compared to Dieffenbach may be questioned—and it is not my intention to discuss the subject. He is moreover, as good a Physiologist as Surgeon—this is an advantage that cannot be called into question. Langenbeck is particularly distinguished for his heroic treatment of anchylosis of the knee and elbow. When a patient is admitted with anchylosis of either joint—whether of months or years duration—he or she (if in health) is put under the influence of chloroform—and when the muscles are in a state of relaxation—the callous is broken, by forcibly flexing the limb if extended—and extending if flexed. The inflammation, lit up, is almost invariably easily controlled.

When writing about medical affairs in this part of the Continent, it may not be out of place to mention some of the most striking features that distinguish the Medical Police of Berlin—or Prussia generally—for the same wise and salutary laws for sanitary regulations are applicable to the whole Prussian kingdom.

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* Considerable allowance, must, of course, be made, for the natural enthusiasm of the German character. It is more than probable, that, had Dieffenbach lived in any other country, his death, even under the same extraordinary circumstances, would have been unattended with any such public demonstration. Be that as it may, the Germans take a greater interest in their *great ones* than do those of other countries. The rich are here, not so much removed from the poor—there is not the same impassable barrier between them—for education places *all* on greater equality. Interchange of thought and opinion is more frequent, and the estimate formed of those who have raised themselves to eminence, must consequently be more correct. This cannot but be apparent to those who visit Germany. The opinions that may be heard expressed at the road-side cottage—or inn of some obscure village, concerning those who occupy eminent positions in Medicine and Surgery (though perhaps hundreds of miles distant) are remarkable for their justness and precision. Nor are they carried away by the reputation of the person—for when speaking of the superior attainments of the party in question—they at the same time do not fail to mention his deficiencies. Their remarks, in fine, would frequently do credit to a professed critic—*plus* charity.

Berlin, the largest city in Germany, contains nearly half a million of souls (including the garrison.) It is divided into a number of sections or wards—each of which, is attended by a Medical man—who receives a regular salary for attending all the poor in his district. His prescriptions are sent to an apothecary, who charges the medicine to the town. The poor are thus free of expense.

All tradesmen (blacksmiths, carpenters, &c.,) *in service* are compelled to pay a small sum weekly for the support of their sick. This originated with themselves, but has now become compulsory. The tax is regulated according to their wages, and deducted from their weekly pay.

Besides the physicians already mentioned, there are eight for the city of Berlin, whose duty it is to visit manufactories, gaols, workhouses, boarding schools, &c., to see that the inmates have comfortable apartments and sleeping rooms, sufficient clothing, and food of a proper quality, and in sufficient quantity; that they have their regular hours of recreation, and that they are not tasked either in work or study beyond their strength.

There exists in Berlin a Hygienic Association, which numbers about 10,000 souls. Any person, by paying two groschens, (somewhat less than 2½d.) monthly, is entitled to medical advice during health, as to what he should eat, drink, &c., and attendance during illness.*

It is necessary to announce the birth of every child to the police, and to state whether born healthy or diseased. After some months it *must be vaccinated*. For this purpose there is an institution in every town, and at convenient distances in the country. Every man must serve three years as a soldier, and when enlisted, *he is re-vaccinated*. *No person is employed in any service*, civil or military, without a certificate of vaccination.

Every physician must announce to the police all the cases of cholera, small pox, epidemic dysentery, or supposed infectious disorder that occur in his practice. Scarlatina and measles are excepted.

He is required to give to the parents or friends of those dead in his practice, the date of death, and disease of which he died. Every week is printed all the deaths and the diseases. The names of the deceased are published in connection with the church to which they belong.

I may here remark in conclusion, that the medical are in connection with, but over the town police.

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* Since writing the above, I have learned that this society has been dissolved by the police. It was discovered that the so-called Hygienic Association, were organized for the purpose of applying hygienic principles to *government*, and chose this manner of visiting each other as the least likely to excite suspicion. Some of the visiting physicians and ringleaders have been arrested, and papers and other articles of a treasonable nature have been found in their possession, which, it is generally believed will lead to the conviction of many.

I shall now occupy but a few lines in noticing the curriculum of the study of medicine in Prussia.

Before being allowed to matriculate as students, they are compelled to undergo an examination in classics, French, mathematics, history, and German literature. They have to write a thesis in Latin and German, on any subject which may be prescribed them: the principles of philosophy (logic and metaphysics) are also entered into. This past, they are admitted to the university. They usually spend three years at a university, after which they commence the study of medicine. Their study must extend over a period of four years, or eight semestres (four of which in a Prussian University.) At the end of two years they are required to undergo an examination in physics, chemistry, botany, zoology, mineralogy, and some branches of philosophy. This examination is necessary to continue. The examiners are not connected with the medical faculty. The examination commences with a theme given by the Dean of Faculty, on any subject he may choose. When written, and if approved of, the Dean (who is commonly elected from among the professors) examines the candidate on medical subjects generally. If successful, each professor examines him in his particular department. This is called *Rigorosum*, but, in comparison with what is to follow, is not rigorous. He has then to write a thesis in Latin, on any subject he pleases, and print, at his own expense, a sufficient number of copies to enable him to send *one* to every university in Germany,* and *three* to every professor and teacher in the university to which he belongs. This thesis is impugned, and must be defended against three adversaries, chosen by candidate. The debate, which is public, is conducted in Latin. This over, the title of M. D. is conferred.

But, to be enabled to practise a *Staats Examen* or *Cursus* must be undergone. This commences about 5 or 8 months after—but may be deferred as long as candidate wishes, and usually lasts 5 or 6 months. In this *Cursus* the following branches are gone over: Anatomy, Surgery, Midwifery, Medicine. In Clinical Medicine and Surgery, candidate from time to time receives patients, and in presence of the Professors and Students, is required to make the diagnosis—offer a prognosis and prescribe treatment. He is then locked up, to write a complete *historia morbi*.—In Midwifery candidate has to examine several women, and tell the stage of pregnancy. He must also make deliveries in presence of the Professors.

On the dead subject he is required to go through all the operations, amputations, applications of ligatures, &c., besides the elementary parts of Surgery such as bandaging, cupping &c.

* There are 21 Universities, where the German language is the medium of instruction.

In anatomy the candidate is required to make a preparation of any part given him—and of any tissue.

The *Staats Examen* is eminently a practical one, and well fitted for a person about to enter practice. From beginning to end, is conducted by lottery. Candidate draws from among a number of others, a paper on which is written what is required of him. He draws in each branch separately.

Kirche Gasse, Berlin, February, 1853.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

VIII.—*The Action of Medicines in the System.* By Frederick William Headland, B.A., M.R.C.S., &c. Pp. 560. Lindsay & Blakiston, Philadelphia. B. Dawson, Montreal.

The advantages which would result from an intimate acquaintance with the action of medicines, are so transparent, that their recital need not detain us here. Like other mysteries in which man forms and takes part, the pursuit has proved bewildering during its progress, and unprofitable at its termination. The adventurer, then, is entitled to admiration, who, undaunted by past failures, has sufficient curiosity and energy to pursue what has been to most of his predecessors a mere *ignis fatuus*. We must be understood to be speaking now, not of the knowledge of ultimate facts, for this comes of skill and observation, but of the why and the wherefore of such facts—the *secula seculorum*—which have not been revealed.

An inquiry into the action of medicines is beset with numerous difficulties, and unless these be removed, it will yield but little profit. The terms used in therapeutics are frequently vague; a single one has often several significations, and unless a clear comprehension exist of the sense in which it is used by a particular author, he will be read erroneously, and lead to egregious mistakes. Thus neurotic may mean either a medicine which ameliorates nervous disorders or one which has some entirely different curative tendency, but produces its effect by nervous agency; having dissimilar meanings, according as to whether the end attained or the course pursued be implied. The arrangement of medicines into classes, and the designation of these classes, is arbitrary, and although conventional, is far from being conclusive or appropriate. We say, so and so are antispasmodic, and the theorist might believe all others not included with them were without such virtue, while the truth is, that very many of the rejected, under peculiar exigencies, can produce

the same result as those which have been retained. Spasms may own many sources as the emotions, inflammation, hyperæmia, anæmia, dental, gastric, intestinal, and uterine irritation; and on the principle of removing the effect by taking away the cause, all that is necessary, is to single out the cause, and then apply with mathematical precision the "*contraria contrariis opponenda*" of Hippocrates, when there will be found an all sufficient antispasmodic in the calmative, antiphlogistic, debilitant, tonic, lancet, emetic, cathartic, and emmenagogue respectively. It is true these are but relative means, and of limited utility, but it is more rational thus to manage disease than, haphazard, treat it with absolute measures which often disappoint, and may be detrimental, for no medicine reckoned absolute, will invariably manifest its power. This is a view of the action of medicines not yet thoroughly unfolded, but we hope ere long to find it pourtrayed with ample justice.

Again, it is customary to indulge in exclusive ideas of the actions of medicines, and commemorate them in too defined statements, which are bad, by concealing, in an apparent conclusiveness, the warping of judgment, and narrowing of truth, inseparably belonging to them. Thus mercury cures inflammation and robs the blood of its richness while moreover, it has thrown some persons into a cachexia—a species of spanœmia —so that it is argued mercury is a deteriorator of the blood; but while this is true, it is also true that mercury, like a double-edged sword, cuts efficiently in opposite directions. Mark out, in proof, the victim of syphilitic cachexia, as if, in the last extremity of a consumption, before whose progressive hectic and emaciation he is rapidly declining, involved in a state of disease which palls the apprehension and confounds belief. His blood cannot well be of poorer quality, and yet in its deteriorator lies his only hope of recovery. Mercury alone will restore him to ruddy health, and do for him what lies in the power of neither tonic nor restorative. Can any one after this say it has a special, invariable, absolute effect, and not take into account the circumstances of varying cases. This is one example, but fallacies of a like kind apply to other remedial agents—*ex uno omnes disce.*

The phenomena of nature are diversified, and each one exhibits several phases; thus arsenious acid may occasion death by an acute shock to the nervous system, or by chronic disorder of this same part, or by gastro-enteritis, or by an inflammatory condition of the whole system, or by a combination of all these elements. The physiological effects of the same medicine are numerous, and trifold according as they depend upon its local, common remote, and specific remote actions. But we will not protract the discussion further. These remarks have been made, not in condemnation of the work before us, but in apology for its subject, we only meant to show the reed on which the author leant, and must say

we would have been rejoiced had it been strengthened by their finding some place in his production.

The Medical Society of London offered in 1852, the Fothergillian gold medal for the best essay "on the mode in which therapeutic agents, introduced into the stomach, produce their peculiar effects on the animal economy." Dr. Headland was the successful competitor, and for his present work was adjudged the prize.

The author commences by examining the various classifications of medicines which have been projected by his predecessors, and as he finds none unobjectionable, declines adopting any; and in lieu proposes the following classification of medicines, which act, after entering into the blood, according to their supposed modes of operation. Class I. Hæmatica.—Div. 1. Restaurantia. Ordines. Alimenta, acida, alkalina, tonica, chalybeata et solventia. Div. 2. Catalytica. Ordines. Antiphlogistica, antisyphilitica, antiscrofulosa, antiarthritica, antiscorbutica, antiperiodica, anticonvulsiva, and antisquamosa. Class II. Neurotica.—Div. 1. Stimulantia. Ordines. S. generalia et specifica. Div. 2. Narcotica. Ordines. Inebriantia, somnifera, deliriantia. Div. 3. Sedantia. Ordines. S. generalia et specifica. Class III. Astringentia.—Ordines. A. mineralia et vegetabilia Class IV. Eliminantia.—Ordines. Sialagoga, expectorantia, cathartica, cholagoga, diaphoretica, diuretica.

We agree with the author in his objections, as they are just and weighty, but we think his amendment is not much of an improvement on former classifications. Two very obvious exceptions may be taken to it, the one for its hypothetical foundation, the other for its incongruous character. In reality, every medicine by which health is recovered, is a restorative; but as a more limited signification has been given to the term, we examine it accordingly, and certainly have to question the propriety of associating together aliments and solvents, alkalies and chalybeates. Special sedatives assimilate ipecacuanha and digitalis; and general sedatives, hydrocyanic acid and colchicum; but for what reason we have not yet divined. His arrangement is also incomplete. Emetics are wholly excluded from the orders, &c., although many of them act through the blood, and even when applied to other absorbing surfaces than the gastric.

The author discusses his subject under the following ten propositions: "I. That the great majority of medicines must obtain entry into the blood, or internal fluids of the body, before their action can be manifested. II. That the great majority of medicines are capable of solution in the gastric or intestinal secretions, and pass without material change by a process of absorption, through the coats of the stomach and intestines, to enter the capillaries of the portal system of veins. III. That those medicines which are completely insoluble in water, and in the gastric

and intestinal juices, cannot gain entrance into the circulation. IV. That some few remedial agents act locally on the mucous surface, either before absorption, or without being absorbed at all. That they are chiefly as follows:—*a* Irritant emetics: *b* Stomach anæsthetics; *c* irritant cathartics. V. That the medicine, when in the blood, must permeate the mass of the circulation, so far as may be required to reach the parts on which it tends to act. That there are two possible exceptions to this rule:—*a* The production of sensation or pain at a distant point; *b* The production of muscular contraction at a distant point. VI. That while in the blood, the medicine may induce changes, which in some cases may, in others may not, affect its influence. That these changes may be—*a* of combination; *b* of reconstruction; *c* of decomposition. VII. That a first class of medicines, called hœmatics, act while in the blood which they influence. That their action is permanent. 1. That of these, some, called restoratives, act by supplying, or causing to be supplied, a material wanting, and may remain in the blood. 2. That others, called catalytics, act so as to counteract a morbid material or process; and must pass out of the body. VIII. That a second class of medicines, called neurotics, act by passing from the blood to the nerves or nervicentres, which they influence. That they are transitory in action. 1. That of these, some, called stimulants, act so as to exalt nervous force, in general or in particular. 2. That others, called narcotics, act so as first to exalt nervous force, and then to depress it, and have also a special influence on the intellectual part of the brain. 3. That others, again, called sedatives, act so as to depress nervous force, in general or in particular. IX. That a third class of medicines, called astringents, act by passing from the blood to muscular fibre, which they excite to counteraction. X. That a fourth class of medicines, called eliminatives, act by passing out of the blood through the glands, which they excite to the performance of their functions."

We regret that we are prevented by want of space from entering upon more than a cursory discussion of the demonstrations which follow. They contain a large number of interesting and valuable facts, selected from various sources, and arranged together in a satisfactory and advantageous manner. The author is largely indebted to Billing, Pereira, Thomson, Neligan, Ballard and Garrod. His extracts display much care as well as judgment, and those facts have only been retained, whose authenticity could be ascertained. In drawing inferences he has conformed to the strict requirements of logic, and in advancing hypotheses, cautions us not to receive them as more than theories, which may or may not be true. He has spared no pains in making his work both seductive and useful, and it speaks loudly in praise of his industry. We are glad to find him frequently tapping the organic radicles, and applying to the-

rapeutics the chemical opinions of Liebig, Wholer and Jones. But we think more originality might have been manifested, particularly in clinical observation and experimental inquiry, in both of which departments he is deficient, and has consequently shed but very little additional light upon the paths wherein the action of medicines lies. We have not found our objections to his classification at all removed in the subsequent exposition that follows. This will be found under the last four propositions—here, for the most part, are gathered together his peculiar views, but which, even with the advantage of plausible assertion and ingenious dressing, are, for want of a substantial basis, not likely to be generally accepted. We believe, however, in failing to raise the vail which hides from human ken, the why and the wherefore of the ultimate facts known concerning the action of medicines, it is, as we have said in our exordium, more the fault of the cause, than of its advocate.

In the event of a second edition appearing, we would have our author notice for erasure some blemishes which stain the present. Occasionally loose statements are made; in one part, iodine, bromine and sulphur, are called metals. Again, some of his therapeutical directions are rather hasty and premature, at 187th page, we are told antimony is far preferable to mercury, in the treatment of pneumonia. Surely pneumoniæ occurring in debilitated persons, in those having structural changes of important organs, or in the form known as typhoid, have been overlooked, for in these, orthodox people prefer mercury to antimony, and with some show of reason, also after the first stage, or the first and second stages of Stokes in ordinary pneumonia of sthenic character, and in good subjects mercury is more demanded than antimony, and comparative trials have attested its superiority. And lastly, the beauty of a prize essay by a B. A., is not adorned by grammatical inelegancies such as, "Salts pass out of the body as they *went in*." "Terchlorid of gold much *more* seldom employed than Bichlorid of mercury." "After this it (iodine) *came* to be generally employed." "Chloride *being* constantly employed." "When given in *repeated* small doses." "*Vaporous* transpiration." Particularizing one man, he refers to him as *other men*.

CLINICAL LECTURE.

Clinical Lecture on a case of disease of the prostrate gland and bladder—By John Adams, Esq., F. R.C. S., and Surgeon to the London Hospital. (Condensed from the *Lancet.*)

G. P., 26, was admitted for chronic cystitis, the result of diseased prostrate. He had been ill 2 years, and was in a Metropolitan hospital for 6 months. He was then thought to have Psoas abscess, there being

a fluctuating tumor beneath Poupart's ligament. The moxa, rubefacients and other counter irritants were put on the loins, but without benefit. The abscess was afterwards opened, and he was discharged as cured about 12 months since.

Symptoms on admission—Pains at the neck of the bladder, and over the pubes; micturition very frequent; urine scalding, loaded with pus, and streaked with blood; sometimes very dark and offensive, with a very adhesive sediment. *Treatment*—Full diet with palliatives; urine being alkaline, bladder was injected with a solution of 1 drop of muriatic acid to the ounce of water, which gave temporary relief; subsequently he had a lancinating pain in the loins particularly on the left side; urine more bloody—continued thus for 12 or 13 weeks. Appetite very good the whole time. Various remedies were used, and about 8 weeks since, the mucous and bloody discharge disappeared, but he had acute pain in the right side and lower part of the abdomen with diarrhœa and great fever —for the latter he was sent to the physician's ward and treated in the usual way. Sept. 28th, more than 3 months since admission, felt pain and heat in perinæum but did not complain of them till Oct. 1st, when on examination an abscess was found here and was at once incised, giving exit to a large quantity of thin pus with a strong urinous odour. Ordered poultices of linseed meal: milk diet and chop: ℥xij wine: a pint of porter. Part of the wine came through the opening. Oct. 7th, bladder very irritable. Barley water as a drink. Micturition very frequent, with great scalding. Given Liq. Potas. and Tr. Hyoscyam. with much relief. 11th, swelling on left side of scrotum and within the cord; the latter very hard but not red nor hot, complains of a throbbing pain in it with slight fever, loss of appetite, &c., warm water dressing and a suspensory bandage.—12th, saline mixture with 5 gtt. tr. opii every 4th hour in lieu of liq. potas., this allayed the fever and caused sleep. 13th, seems easier and cheerful. 14th, scrotum fluctuates, perineal opening closed. 15th, second abscess burst and a lot of thick pus followed. Poultices to be applied. Pulse about 100. 18th, resumed liq. potas. with tr. hyos. and mucilage. Suffers greatly from lancinating pains through the lower part of the abdomen. Pulse very frequent but weak. 25th, complained of very acute pain at the neck of the bladder—to use every night a suppository of soap with 5 grs. pil. opii et saponis, which gave relief. 26th, cannot eat chop, strong broth substituted. 27th, bowels confined. Given ℥ij castor oil, which did not operate until the dose was repeated. 28th, seems to suffer less, but is much weaker and he gradually sank and died Nov. 1st.

Autopsy. Nov. 2nd.—Peritonæum inflamed, recent lymph on its surface abdominal viscera healthy, abscess on the right side of the pelvis, which seemed to have burrowed into the peritonæum under the fascia, from an opening in the left side of the bladder. Prostrate gland entirely suppurated away; bladder very thick, internal surface ulcerated and gangrenous with sinuses passing through it. Ureters very much dilated, particularly the left, and contained cheesy matter; left kidney nodulated externally; suprarenal capsule thickened and indurated, and when cut into the kidney, contained similar cheesy matter. Pus in left testicle; right kidney and testis natural; chest not opened.

Gentlemen.—This case is introduced to you because of the obscurity of the symptoms and of its great importance. In retrospect there are many circumstances of great interest to which I wish to call your attention,

but the case throughout was obscure and the symptoms equivocal. On admission, he had a train of symptoms indicative of great constitutional disturbance with excessive irritation of the urinary system and it was difficult to unravel the cause of his intense sufferings. Most of his symptoms arose from the state of the bladder; thus he had frequent and urgent desire to pass urine, painful micturition, and increase of pain after the evacuation of the bladder. Urine was passed in small quantities and either bloody or with a discharge of soapy mucus which soon subsided and occasional pus as proved microscopically. Urine very offensive at least after standing a short time, and it gave decided evidence of alkalinity. With these, was pain in the loins and in the groins, and subsequently a urinary abscess formed in the perinæum, through which pus and urine, mixed with the mucus of the bladder, passed. Then came an abscess in the scrotum which discharged and got well. During the progress of the case, which I regret to say, was from bad to worse, the man gradually emaciated and eventually sunk, dissolution being preceded by pain in the abdomen indicative of low peritonitis. Such is a brief review, I wish you to remember the signs while I tell you my reasons for believing that the case was all along one of scrofulous abscess in the prostrate and first of the most prominent—excessive irritation of the bladder,&c. This might be due to stone in the bladder, but none was detected by the sound; this was one point gained, for it is very important to find out what a disease *is not* if you cannot find out what *it is*. As there was no stone, and as there was great pain passing the instrument over the prostrate, I concluded this part was the seat of abscess most likely scrofulous, and this impression was confirmed by the progress of the case. I was further strengthened in this view by the recollection of a like case which occurred to me some time since. I was called to a gentleman with a swollen testis and excessive urinary irritation. One surgeon called it hydrocele, another stone, but the sound detected no stone, and I referred it to scrofulous abscess in the prostrate. He died, worn out like our unfortunate patient, and the post mortem revealed the accuracy of my view. In our present case, the signs of this disease are unquestionably equivocal, and that similar symptoms may be due to other causes than the one in question, nay that nearly all the symptoms may be present and no disease exist at the neck of the bladder, for excessive irritation of the bladder, with pain in micturition, bloody and even purulent urine, may result from disease of the kidneys, and some of these may be due to acid urine. A scrofulous prostrate is rare, and is met with usually where tuberculosis prevails throughout the urinary and genital system. In my article on the "Prostrate," in the Cyclopædia of Anatomy, are a few cases from different authorities; in one, there were as many as 30 small abscesses, and as many crude tubercles in the prostrate; the case is by Lallemand. We have no signs to tell the disease before the tubercles have softened and suppurated, and therefore, it is useless to speak of the treatment in the early stage, and even in the advanced, as in our case palliation to lull pain and means to sustain the general health are alone calculated to benefit. Here, however, various medicines were tried, but when the case was fairly made out, the latter solely were employed.

The post mortem is interesting as exemplifying an uncommon termination; thus you perceive that the immediate cause of death was peritonitis from the bursting of an abscess in the perineum through the perito-

næum. In the last vol. of the *Medico-Chirurgical Transactions* is a case of large abscess of the vesiculæ seminales which made its way into the peritonæum thus producing death by inducing subacute peritonitis and to a certain extent, there is an analogy between it and the present.

THERAPEUTICAL RECORD.

(British and Foreign Med. Chir. Review—July, 1853.*)*

Ascites.—Dr. Falcot recommends, in cases of ascites, when the stomach is irritable, fomentations with decoction of digitalis. Two ounces of digitalis are boiled in a quart of water down to a pint, and compresses dipped in the decoction are laid on the abdomen, and covered with oiled silk. The kidneys *are soon powerfully* affected.

Chlorosis.—Dr. Aran has found that by the employment of *dry and stimulant frictions,* aided by good regimen, and in some cases by wine *lavements,* these obstinate cases may be very satisfactorily treated, when iron has failed. Either flannel or a brush may be used, and occasionally a stimulating fluid, such as spirit of camphor, or some ammoniacal preparation, may be added so as to induce rubefaction. The frictions should be continued for five or ten minutes, every night and morning, being chiefly directed along the back and limbs. In a few days a marked modification of all the functions is produced. In some in which progress is not so rapid, vinous enemata are of great service.

Croup.—M. Trousseau speaks most highly of the employment of sulphate of copper as an emetic in croup, as recommended by Beringnier. The efforts which it induces often detach the false membranes, this emetic, seeming to act less on the stomach than pharynx, while it does not derange the digestive organs, as antimony sometimes does. Vomiting occurs very soon, and is repeated at very short intervals, three or four times; and in three or four hours, the medicine may be again given. Mr. Beringnier, gives from 2 to 3 grains; but M. Trousseau gives as much as 10 grains, divided into two doses.

Dysentery.—M. Delious employs in chronic dysentery an enema composed of tincture of iodine ℥ii to ℥iii, iodide of potassium 15 to 30 grains, and water ℥vi to ℥viii. An emollient lavement is first administered to clear the intestines, and the iodine is then at once thrown up. Occasionally it causes slight colic, which can be prevented by opiate injection.—Of 12 cases mentioned, 10 were cured; 2 went away unaffected. A great part of the iodine is absorbed and appears in the urine. Limer has already recommended the use of iodine injections in *acute* dysentery.

Gonorrhœa.—M. Alquié speaks in the highest terms of the great utility of the tannate of zinc (1 part to 100 of water) injection, employed night and morning, in gonorrhœa, after the acute symptoms have subsided.

Perspirations nocturnal.—M. Delioux has employed the *tannate of quinine,* in doses of 6 to 8 grains daily, in the sweats of phthisis, and in other diseases attended with diaphoresis. Pure tannin, appeared in some cases to be even more powerful than the tannate of quinine.

Phthisis.—Bonorden has employed for the last five years, *sulphate of*

iron in phthisis, in the following way: He dissolves ʒi in ℥i of water, and gives m xx to xxx every two hours; the pulse becomes slower, the temperature falls, and the hectic fever lessens, the physical signs improve. If in 10 days no improvement occurs, the strength of the solution is increased to ʒii in ℥i. If any uneasy sensation is felt in the stomach the medicine is discontinued for a few days.

Rubeola.—Dr. Walz has employed, after the manner of Schneeman, frictions with fat, in 343 cases of measles, 57 of which were severe; all were cured very speedily. In 30 of these cases, the patients were tuberculous, *and the progress of phthisis was arrested.*

Scarlatina.—Dr. Walz, has treated in the same way 74 patients with scarlatina.

Fœtus in utero killed by lightning.—Dr. Carithers of Hendricksville, states that Mrs F——, aged about 40 years, in good health, and eight months advanced in pregnancy, received on the 10th of June, 1852, a severe shock from a streak of lightning, from which she recovered in a few hours—when she was attacked with labor pains which caused me to be sent for. On my arrival, I found her suffering with sharp pains. On examination, per vaginam, no dilation of the os uteri had taken place.—Bled her freely, and ordered her an enema of a gill of starch, with a teaspoonful of laudanum, and to take ¼ of a gr. of sulph. morphine every half hour, until she was relieved from pain. After taking the fourth dose the pain subsided. Ordered her to take on the following morning ol. ricini ʒi. At 2 P. M., oil acted freely on the bowels, and at 4 P. M. I found her resting well. Allowed some light nourishment, from that time until she was delivered, which took place on the tenth day after she complained of being very unwell. The child was dead, and from the appearance had been so from the time the mother felt the shock.—*Southern Medical and Surgical Journal.*

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

REGISTRATION OF THE CAUSES OF DEATH.

In a recent article we mentioned that, owing to the want of a complete system of registration in the Province, it was impossible to obtain returns of the mortality of individual diseases. Marriages, births and deaths, it is true, are carefully recorded, and the records deposited in the prothonotary's office. So far good. These records are unquestionably of vital importance to the interests of society. Inextricable confusion in our social system would inevitably result did not such registration exist, or were it suspended for any time. But in so far as the columns of the Register are capable of adding to medical knowledge, and thus advancing the science of medicine, they are comparatively of slight value. From them, the medical enquirer into the vital statistics of the country may learn the ratio of

births to deaths—the proportion of deaths at different ages—the expectation of life at different ages, and the average rate of mortality in various parts of, and throughout the Province. All questions, however, relating to the prevalence of particular diseases in certain districts—to the effects of any epidemic which may have visited the country, or its comparative violence and mildness in different localities—to the influence on the mortality of disease of physical causes, such as nature of soil, state of cultivation, elevation above the level of the sea, thermometric and hygrometric conditions of the atmosphere, &c.,—questions, the solution of which would have a tendency to vastly improve his acquaintance with the natural history of disease, are shut out from his investigation. And, if the homely adage be true, which all experience indeed proves it to be, that "one ounce of prevention is worth a pound of cure," the public generally are the losers by this limitation of the researches of the physician. For if it be out of his power to ascertain what disease or what particular classes of disease are endemic to the country; and if he cannot trace the progress and ravages of all epidemics, it is clearly impossible for him to advise the authorities or the populace what measures to adopt, and *where* measures should be adopted, to diminish the prevalence of the one, and to stay the progress and reduce the mortality of the other.

There is only one way in which this imperfection in our present system of registration can be remedied, and that is, by introducing a column in the Register books for the purpose of enregistering the *causes of death*. This improvement in registration was introduced into England by the passing of the amendment act of registration of 1 Vic. cap. 22, and has been found, as was expected, of the highest importance in throwing light on various matters relating to hygiene and medical police. Information, moreover, has been obtained from this column of the Registrar General's Reports, regarding the prevalence of epidemics, which has determined legislative action. Witness, for instance, the recently passed act to ensure general vaccination by compulsory measures.

We should like to see this subject brought up and discussed at the next meeting of the College of Physicians and Surgeons of Canada East.—This body, although in existence for five years, has not, as yet, effected much for the advancement of the science of medicine. A singular fact, when we consider that the *elite* of the profession of Lower Canada—the men of ability, learning and experience are included among its members. If they would but agitate questions, such as the one we have thus briefly adverted to, of general interest to the profession of Canada, and indeed of the world, and endeavour by memorialization, or otherwise, to draw the attention of the Legislature to the importance of such subjects, they would deserve well of their professional brethren, and attain a *status* among medical associations, which, at present, they do not occupy.

DR. MARSHALL HALL.

This distinguished physician, who has during the last six months visited many of the cities of the American Union, arrived in this city on the 11th ultimo and left it again on the 17th. He had previously spent some days with his professional friends in Toronto and Quebec. During his residence here, all the leading practitioners of the place, and a few from the vicinity, called upon him, and were much pleased with his urbanity of manner, easy address, and readiness to communicate on subjects which have engaged his attention during a long and active life. On the evening of the 15th, he performed a number of experiments, which will be published in our October number, in the rooms of the Natural History Society before a highly respectable audience; and, on the succeeding evening, delivered a lecture at a conversazione held in the same rooms. At the close of the lecture, Prof. Holmes, who was deputed by the members of the medical profession present, addressed Dr. Hall as follows:—In my own name, and on behalf of my professional brethren now present, I would express to you, Sir, the gratification we all feel by the presence amongst us of one who has earned for himself, by his painstaking researches and successful investigations into the physiology of the nervous system, an enduring place in the annals of our noble profession. For the opportunity to make your acquaintance, which you have afforded us in this visit; for the interesting experiments which you have performed in our presence, and for the highly instructive lecture delivered this evening, you have our sincere thanks. We shall ever recal the circumstances of your visit with feelings of pleasure; and we trust, that in the reminiscences of your tour through America, that of your sojourn in Montreal may not be among the least pleasing.

Major Lachlan, President of the Natural History Society, then came forward, and, presenting Dr. Hall with the honorary degree of the society, said:—I have much pleasure in being deputed by the members of the Natural History Society of Montreal to present you with the diploma of honorary member of that society,—voted by acclamation at their last meeting,—as a mark of their estimation of your well-earned high professional character, as well as of your valuable contributions to science generally, and in the hope that that document will occasionally serve as an additional agreeable memorandum of your visit to Montreal.

Dr. Marshall Hall replied:—I thank you, Prof. Holmes, and the gentlemen here present, and especially the gallant President of the Natural History Society of Montreal, for the kindness and the honour done me this day. My chief desire is to deserve well of my profession, and to live in the esteem of my professional brethren; and every proof that that desire has been attained, is a source of extreme gratification to me. I may well, therefore, be pleased with the events of this evening. I

thank you sincerely, gentlemen, for the cordial manner in which you have welcomed my presence amongst you, and beg to assure you, that when the ocean again divides us, my visit to Montreal will be remembered with peculiar pleasure and pride.

The company then separated into groups, and animated conversations on various subjects of professional and literary interest were kept up until a late hour.

COLLEGE OF PHYSICIANS AND SURGEONS, C.E.

In the account of the proceedings of the triennial meeting of the College, published in our last issue, the names of three of the governors elected for the city of Quebec were inadvertently omitted. We can assure Drs. Jackson, Robitaille, and R. H. Russell, the three gentlemen in question, that this inaccuracy in the Report has caused us not a little annoyance. We thus promptly make such amends as is in our power.

GOVERNORS FOR THE CITY OF QUEBEC :—Drs. Morin, Fremont, Marsden, Sewell, Landry, Jackson, Robitaille, and R. H. Russell.

Abdominal Galvanic Supporter.—We have received this instrument from the manufacturers, Messrs. Seymour & Co. Want of space prevents us from noticing it at more length in this number.

TO CORRESPONDENTS.

Dr. Watt, Paris.—We regret the delay, the fault lies with some one in the post route, for the last number was mailed even earlier than the preceding ones. Our practice is to mail the numbers to our subscribers, out of Montreal, on the 1st or 2nd of the month. *Dr. Laing, Amherstburg.*—We hope his able pen will often be taken up to add to our original communications.—*Dr. F. Cameron.*—We thank him for his interesting cases—the presage, we trust, of future ones—with others they have been postponed to our next for want of space. *Dr. A. Fortier.*—The alteration made as desired. *Dr. Evans, Richmond.*—The apparatus can only be obtained here by ordering it to be made. It can be made by any iron worker and saddler under Dr. E.'s superintendence. Any contribution from so able a hand will be esteemed. *Dr. Murray, L'Orignal.*—Has not escaped our recollection, and we will be happy to renew the friendship of days gone by.

Books received for Review.—Headland on the action of Medicines, Lindsay & Blakiston, 1853. Henle's General Pathology, Lindsay & Blakiston, 1853. Meigs on the Diseases of Children. Second edition. Lindsay & Blakiston, 1853. Dr. Hamilton's Fracture Tables. Dr. Hamilton's Address, (from the author.)

Quarterly Report of the Montreal General Hospital, from 1st May to 31st July, 1853.

Remaining from last Quarter	50	Discharged cured	267
Admitted	301	Died	12
		Remaining	72
	351		351

In Door Patients.		*Ont Door Patients.*	
Males	182	Males	407
Females	119	Females	385
	301		792

Diseases.	May		June		July	
	Admit.	Died.	Admit.	Died.	Admit.	Died.
Ambustio,	1		4			
Amputatio,	1	1*				
Ascites,			1			
Abscess,	1		1		1	
Anasarca,					1	
Abortio,	1					
Amaurosis	1					
Amenorrhœa,	1					
Anthrax,			1			
Bronchitis,	5		5		1	
Do. Acute,	1					
Congest. Cerebri,					1	
Caries,	1					
Conjunctivitis,					3	
Contusio,	6		6		4	
Constipatio					1	
Coup de Soleil,					1	
Chorea,	1					
Cephalalgia,			1			
Cutaneous Transform.,			1			
Debilitas,					1	
Del. Tremens,	4		4		5	1
Diarrhœa,	1		3		6	
Dysenteria,	2		4		1	1
Dyspepsia,	5		2		9	
Dislocatio,	1					
Erysip. Phleg.,	1					
Do. Simple,	1					
Enteritis, S. A.,					1	
Erythema,	4		1			
Feb. Com. Cont.,	3		9		13	
Typhus,					2	
Typhoid,			1		1	
Relapsing,					1	
Intermit.,			1		2	
Feb. Ephem.			1		1	
Furunculus,	1				2	
Fractura	1	1*	2		3	
Gastritis	1		1		3	
Gastrodynia,			1			
Granular Lids	2					
Gonorrhœa,			1			
Hypertrophy of Heart					1	
Hemiplegia	1	1*				

Diseases.	May		June		July	
	Admit.	Died.	Admit.	Died.	Admit.	Died.
Hepatitis					1	
Hysteria,	2		1			
Influenza					1	
Impetigo	1					
Lumbago	1		1			
Luxatio	1					
Laryngitis	1					
Mam. Abscess			1		1	
Marasmus,			1			1
Nostalgia			1			
Neuralgia	3					
Nephritis	1					
Ophthalmitis					1	
Ophthalmia	1		2		1	
Œdema			5		1	
Pleurodynia,			1			
Phlegmon,			1			
Prurigo,	1					
Pleuritis ch.			1			
Pneumonia,	2				2	1
Psoriasis,	1				2	
Paraplegia,	1					
Podagra,			1			
Phthisis,		1*	2		1	1
Paralysis Vesicæ,	1					
Periostitis,	2					
Paronych. Palm.			1			
Porrigo,			2		1	
Rheumatism,	6		5		3	
Relaxio ani,	1					
Syphilis,			1		4	
Scarlatina,	1		1	1		
Synovitis,	3		1		1	
Sciatica,			2			
Splenitis ch.,					1	
Sclerotitis	1		1			
Tuberculosis	1					
Tinea Capitis			1			
Tonsillitis	2		1			
Ulcus	3		9		6	
Vulnus Sclopitar			3		1	2
Vulnus Com.	4		2		2	
Vesania			1			
Variola	7		3		3	
Varioloid			2		1	

Wherever a death appears with a "star" affixed it is intended to show that the individual was admitted on the last or some previous quarter.

Number of Operations, with Fractures and Dislocations treated during the Quarter.

Amputation of Leg,.....	1
.... of the Fore Arm,.....	1
Removal of Metacarpal Bone of middle Finger,.....	1
.... .. Phalanges,.....	3
.... .. Nasal Polypi,.....	1
Operation for Talipes Varus,.....	1
.... .. Onyxis,.....	1
Fractures treated Intern,.....	6
.... .. Extern,.....	2
Dislocations reduced,.....	3
	20

Minor Operations.

Abscesses opened, &c.,.....	29
Cupping,.....	1
Setons introduced,.....	1
Teeth extracted,.....	54
Vaccinated,.....	6
	91

Attending Physicians.....Drs. Fraser and Sutherland.
John Reddy, M.D., House Physician and Surgeon.

Monthly Return of Sick in the Marine and Emigrant Hospital, from the 3rd July to the 30th July, 1853, inclusive.

Description.	Remaining 3rd July.	Since Admitted.	Total.	Discharged	Died.	Remaining, 30th July.
Men,.....	94	132	226	159	6	61
Women,.....	22	23	45	29	1	15
Children,.....	2	6	8	4	2	2
Total,.....	118	161	279	192	9	78

C. E. Lemieux, House Surgeon,
Marine and Emigrant Hosp.

Our Exchanges.—In addition to those mentioned in our last number, we have received Philadelphia Medical examiner (three numbers); Philadelphia Medical and Surgical Journal; New Hampshire Journal of Mecine; Iowa Medical Journal; Peninsular Medical Journal; and the London Pharmaceutical Journal and Transactions.

MEDICAL NEWS.

The Female Medical College of Pennsylvania will commence its next course of lectures on the 1st of October. Its faculty consists of 5 male and 2 female professors, the latter regularly graduated physicians as well as the former, while the demonstrator of Anatomy is also an able female physician.—The Dublin University Commissioners have submitted to Her Majesty "that the provisions of the School of Physic Act, by which Roman Catholics are excluded from the Professorships of Anatomy, Chemistry and Botany should be repealed. That the provisions of this Act, with respect to Clinical Education, the election of the King's Professors, and the distribution of the funds of Sir Patrick Dun's estate, should be reconsidered."—H. R. H. Prince Albert had consented to lay the foundation stone of the New Medical Benevolent College, at Epsom, on Wednesday, 6th July.—The Queen has appointed Dr. James Begbie to be Physician in Ordinary to Her Majesty, in Scotland.—Up to the 11th June, 200 men under canvass on Cattenham Hill, part of the Chobham Encampment, were without a surgeon, or even one within four miles, contrary to the Queen's regulation, which provides that wherever a body of men amounting to 200 is encamped, a Surgeon or Assistant Surgeon, belonging to the commanding officer's corps, shall be in attendance.—Dr. E. R. Sanborn, of Lowell, has recently been appointed professor of Surgical Pathology and Microscopy, in the Berkshire Medical Institute at Pittsfield, Mass., and the appropriation of $10,000 by the State for the benefit of the institution, on condition that a like amount be raised by subscription for the same purpose, has been met by individuals who have subscribed the required amount.—Towards the JENNER MONUMENT, America has contributed £339 12s 8d; Sweden and Norway, £83 10s 4d; Russia, £100; Other nations, £29 11s; Great Britain and Ireland, £153 2s 5d.—It is estimated that more than 500,000 Chinese die every year a horrible death from the use of opium, while 5,000,000 Chinese are yearly degraded and demoralized by it.—Layard says, that Dr. Sandwith hearing that the Arabs had no opiates, asked what they did with one who could not sleep. "Do!" answered the Sheikh, "why, we make use of him, and set him to watch the camels."—Mr. Wilson, of Flushing, L. I., has recently recovered a verdict of $2,500 in the King's County Circuit Court, against a Dr. Snell, for Malpractice in treating the arm of the Plaintiff's son, which was fractured at the elbow by a fall.—The human voice has been heard across the Straits of Gibraltar a distance of ten miles. This only happens in peculiar states of the weather. The sound of a military band has been heard 70 miles on a clear frosty morning.—*How to get rid of a Patient who never pays.*—"Hum! So you don't feel any better after the pill and draught, eh? That's bad! We must try a more energetic course of remedies, then. Come in this afternoon, and we'll take 15 oz. of blood from you, put a blister on the pit of your stomach, a mustard plaister on your back, then electrify you, shave your head, and administer a dose of Croton Oil. That may prove efficacious?" The patient kept away.—Cases of cholera occasionally appear in Southern ports.—Miss Charlotte Adams, of Boston and 8 other ladies, have just received the title of M.D. from the Female Medical College of Pennsylvania.—A woman, who was born at Lyons, died on the 15th of May, at the age of 140 years. Two years more would have carried her to the age of the Countess of Desmond, who died in Ireland at 142.—Edward Cranson, the Kentish giant, said to be the largest boned man in Europe, measures 7 feet 6 inches, weighs 35 stone, can reach perpendicularly 10 feet 6 inches, and is under 21 years of age.—Small-pox has been destroying the Cheyenne and Snake Indians near Utah, the Mormon City, to a dreadful extent. On one occasion they piled up the bodies of 300 victims to the malady, and burned them.—The Boston Medical and Surgical Journal asks, "What has become of the hundreds of itinerant professors of animal magnetism with which the country was flooded a year since."—Dr. Alexander Mayer, of Paris, announces a great discovery, heating boilers, cooking, &c., by means of friction instead of fuel.—Drs. Mott, of New York, and Warren of Boston, have been elected members of the Academie de Medecine of Paris.—The seeds of celery and parsley have been shown to have a decided influence over malarious fevers, although their operation is not equal to quinine.—It is computed that no less than 400. of all ages and both sexes of the Indians at Nevada, have been destroyed by small-pox during the past six months, being one-tenth of the whole number. They are totally helpless when thus attacked.—Dr. Corbett has discovered that the drones among bees are the females.—Mrs. Blanchard of Ticonderoga, 78 years of age, has cut a new set of teeth, says the Dental News Letter.—Dr. J. M. Todd, of Monongahela city relates that a new section of bone has been reproduced, in place of a piece taken away by a surgical operation on a boy's jaw, and that new teeth are being developed from the new bone.

THE

MEDICAL CHRONICLE.

VOL. I.] MONTREAL, OCTOBER, 1853. [No. 5.

ORIGINAL COMMUNICATIONS.

ART. XVII—*A Lecture on the Diastaltic Spinal System.* By MARSHALL HALL, M.D., F.R.S.L. and E., Foreign Associate of the "Académie de Médecine" of Paris; &c. &c.

(Concluded.)

Exp. 2. I now remove the head and all the viscera, and with these the ganglionic nervous system. The phenomena remain unchanged.

There is therefore in this decapitated and eviscerated frog, absolutely nothing but the spinal system—*the diastaltic spinal system*—with its own peculiar and exclusively excito-motor phenomena. This is demonstration.

Exp. 3. But I proceed further. Having isolated the spinal system anatomically, I wish now to shew you the dissection and the demonstration of the diastaltic nervous arcs, of which it is essentially composed. Taking one of these, the phenomena of which has been elicited, I observe, or rather repeat, that the *origin*, or commencement of such arc is in the integument; its in-going, or *eisodic* course is in the femoral and lumbar nerves; its central point in the spinal marrow; its out-going, or *exodic* course again in the lumbar and femoral nerves, and its *termination* in the muscles.

From this lower part of a lower extremity, I strip the skin, removing with it the origin of the eisodic nerve. I now, as you observe, irritate the toe of that limb in vain. There is no movement.

On this other side I divide the lumbar, (or it might be the femoral,) nerve. The same result is observed. There is the absence of all excito-motor phenomena.

Still the anterior extremities preserve their reflex or diastaltic actions. These are annihilated, as you see, by destroying the upper portion of the spinal marrow. In this manner the existence and course of the diastaltic spinal arc, the nervous or anatomical agent in each reflex or diastaltic action is demonstrated, and for the first time.

Exp. 4. I now, in another decapitated frog, irritate the upper portion

of the spinal marrow gently, and next the cutaneous surface energetically. In both cases we have violent movements. The first is the *type* of direct convulsive action, as in epilepsy, from emotion, for example; the second is the *type* of reflex convulsive action, as in epilepsy from irritation,—dental, gastric, intestinal, or uterine.

How do these facts simplify our views of the obscure class of convulsive diseases! Not many years ago, Esquirol wrote—"Les symptomes de l'epilepsie sont tellement extraordinaires, tellement au dessus de toute explication physiologique; que," &c. I am happy to add—"I think no disease better understood in its physiology and pathology, since the detection of the diastaltic system, than epilepsy. All epilepsy is, in effect, direct or reflex spinal action, with its effects.

I may here be allowed a brief remark or two. How is all physiology comprised in every the most insignificant of animated beings! This frog, or the minutest insect, involves in itself every principle of life; and how is physiology involved in every case of pathology! There is, in effect a physiology of health and a physiology of disease. How is a knowledge of the spinal system become the source of diagnosis in all cases of disease of the nervous system? By it we learn to know and distinguish the cerebral, spinal, and ganglionic affections from each other. It is as the stethoscope to this class of maladies.

I may further remark, that affections of the spinal system, and especially epilepsy, have a special predilection for the neck and the larynx. Hence these affections are prone to assume tracheal and laryngeal forms. The most usual affection of the neck is that observed in torticollis, or fixed head. The most usual forms of the affection of the larynx in epilepsy, are the epileptic cry and the epileptic "struggle for breath," or apparent strangulation, with closed larynx and dyspnœa.

Every mild and even severe form of epilepsy may result from trachelismus and its effects from compression of the veins of the neck. But the severest involve, I believe, laryngismus and dyspnœa, with their effects in inducing augmented purpurescence and tumefaction of the face and neck, augmented coma and apoplexy, asphyxia, &c.

And here an important question presents itself for consideration. In the case of laryngismus with its effects, what good may be effected by the performance of the operation of tracheotomy? a question for its determination requiring much and accurate knowledge of the pathology of epilepsy, much skill in diagnosis.

Some very puerile criticisms, not untinctured by malevolence, having been made on the proposition for interposing tracheotomy between the laryngismus of epilepsy and its direst effects, I will here make a few observations on the subject. The remedy, though not so formidable as many suppose, may still be considered as heroic enough, and must not

be instituted without sufficient reason. The physician must well weigh the terrors of the malady, consider what part of these are the effect of laryngismus, and then determine on his own responsibility, first, whether the remedy be appropriate, and then whether it may be imperatively called for. I shall now proceed to notice some of the circumstances in epilepsy in which tracheotomy seems to me to be required, I shall conclude with a remark or two on the particulars of the operation itself requiring consideration.

There is then in epilepsy, a state of spasmodic closure of the larynx, or laryngismus, or there is not. In the former case, this laryngismus may appear to be the source of the coma, of the asphyxia, and of other dire symptoms observed in epilepsy, or not. In the former case, again, these effects of laryngismus may, in the judgement of the observant physician, appear likely to yield to tracheotomy, by which the effects of laryngismus are obviated, or not. Let him use his own judgment and act accordingly.

After a severe attack of epilepsy, there is sometimes another form of laryngismus—the apoplectic or paralytic. There is stertor, and with this stertor, augmented coma, and danger to life. Tracheotomy has again suggested itself as the remedy. It has actually saved life in many instances! He who may regard the operation as having this efficacy, will of course adopt it; and *vice versa*. Each physician will use his own judgment in each case, and it comes under his cognizance and care. What occasion is there for criticism?

In any case of epilepsy, it will be the question whether the severer symptoms be in reality the effects of the laryngismus, and whether, if so, they be such as to justify the operation of tracheotomy. Who is to be the judge of those questions? Undoubtedly the attendant practitioner. If there be laryngismus in a fearful and protracted strangulation and 'struggle for breath,' attended by purple and tumid face and neck, and followed by stupor, and eventually by failing intellect, &c. Some will be disposed, and I am of the number, to give the poor patient the hope, the benefit of the operation.

And as the physician of the most sterling mind in the whole profession, whether in our own country or any other, observes:—If we relieve a tenth part of our patients, in so dire a malady, we shall have reason for self-congratulation.

Now lives have been saved from imminent danger; enfeebled minds have been strengthened; fits have been prevented or mitigated. The good effects of the operation have been obvious on the condition of the face, the neck, the brain, the heart, the pulse!

And here a question occurs. Was the *diagnosis* always adequate to the exigency? Was the condition of the larynx, and the symptoms or

effects of that condition duly and justly appreciated, and the operation consequently perfectly appropriate? Who could judge of these things except the eye-witness? This it never was my good fortune, in any of the cases of epilepsy in which tracheotomy has been performed, to be! I could therefore only advise, after adopting the judgment of others. In one of these cases of which I never heard before the operation, I certainly should not have advised the operation. In another I would have discarded the proceeding adopted.

I have asked whether the diagnosis was always adequate to the case. I now ask another question—Was the operation always adequately performed, and the tracheal orifice preserved adequately patent? And I answer unhesitatingly—No!

In general the tracheal tube has not been ample enough; in many instances it has been difficult to keep it free from obstruction by mucus; in two the tube had not been retained. All these events must be effectually guarded against before the remedy can be said to be duly instituted. But all this is obvious to the honest and impartial inquirer.

Gentlemen—I must not detain you longer. I have endeavored to show you the spinal system distinctly from the cerebral and the spinal, and to demonstrate the diastaltic arcs through which it acts. I have shown you its application to the physiology of all the acts of injection and ejection, and to the obstetric art; to the pathology and diagnosis of convulsive diseases, and especially to epilepsy, and, in this last to trachelismus and to laryngismus and its effects, and to the remedy in regard to those presented by tracheotomy appropriately, duly and efficiently performed. Much, very much requires to be done, but much also has been done, and I trust the hour which you have kindly devoted to the subject has not been thrown away.

RECAPITULATION.

I will conclude these observations by a brief recapitulation of the points brought before you. These are—

1. The diastaltic spinal system as distinct from the cerebral and the ganglionic.

2. The diastaltic arc and arcs as the media through which that system acts in every case.

3. The objects of this system in physiology, or the class of acts of ingestion or expulsion.

4. The application of the spinal system in pathology, and the class of convulsive diseases, especially epilepsy.

5. The importance of the *neck* and the *larynx* in epilepsy, and in the *ep. trachelea* and *ep. laryngea* respectively.

6. The proposition to institute tracheotomy in the ep. laryngea, whenever spasmodic or paralytic laryngismus is the source of danger to life,

danger to mind, &c., that is, whenever in the judgment of the physician the *dignus vendice modus*.

7. Whilst the spinal diagnosis is our guide in the institution of tracheotomy, the importance of a tracheal opening at once efficiently ample and free.

CONCLUSION.

In conclusion, it may be observed in regard to the past use of tracheotomy for epilepsy—

1. That the diagnosis has not always been adequate.

2. That the tracheal orifice has not always been efficient, the tube having been too small, or clogged with mucus, or even removed from its place.

3. That, nevertheless, out of *ten* cases, in which tracheotomy has been performed—1. In three imminent danger to life has been instantly averted; 2. In two all future fits have been averted; 3. In three the subsequent fits have been so mitigated, and mind restored, that the patient contemplated returning to occupations long relinquished; 4. In two, I myself should either not have recommended the operation at all, or the operation as it was performed.

It must be borne in mind, that as long as there are fits at all, the looker on, to whom the slightest attack of epilepsy is a scene of horror, will be apt to say that they are as severe as ever.

Now there is no reason for supposing that tracheotomy will, as an immediate result do more than disarm laryngismus of its dire effects. Trachelismus may, or rather must, occur as before, at the first; and the ep. trachelea is formidable enough. But if the direst form of epilepsy, or the ep. laryngea, be made abortive, and changed into the less dire, or the ep. trachelea, this may move away with time. Now, this modification must occur if tracheotomy be efficiently performed, and it is difficult to anticipate what the degree of benefit conferred may be. But once more, ep. laryngea there cannot be!

In one case in which the tube was worn during three months, the mind and the general health have continued to improve, and the seizures to wane away since the tube was removed. It is true a quick medicine has been taken; so that it must be left to each reader to judge on which the amendment has depended.

Lastly, in, I believe, almost all the cases, the surgeon has declared that, under similar circumstances, he would again have recourse to tracheotomy.

Henceforth, it must be left to the judicious practitioner to weigh the Herculean malady in which spasmodic or paralytic laryngismus forms a part, against the operation of tracheotomy, which, however heroic, is surely not to be compared with the former: a truth which becomes of

still greater force, if, I am persuaded, this operation may be rendered still less formidable by adopting the plan which I have advised of dilatation instead of cutting, and a light, ample and open wire cage instead of the ordinary inefficient tube or tubes.

The question in regard to tracheotomy then, may be reduced to a very few words. If there be laryngismus and its effects; if these effects be of sufficient magnitude, severity and danger, tracheotomy *must* be performed, if we do our duty to our patient, and *must* be successful! If there be not laryngismus and its effects, in the degree proposed, we ought not to perform this operation.

This conclusion does not relate to epilepsy alone, but to any and every case in which tracheotomy is contemplated. In *practice*, the question is one of skill and in forming an accurate judgment and diagnosis of the spinal laryngeal character of the malady, and of efficiency in that of the operation. I am persuaded that in *both* these respects there has been failure. Notwithstanding which there is, even in the cases published, much to encourage, or rather to compel us to have recourse to tracheotomy, in cases which it was formerly not contemplated.

But we repeat that it is for laryngismus and its effects that this remedy is to be adopted. Even in Mr Brunnel's case, it was against laryngismus and its effects that the tracheotomy proved efficacious, although the operation was performed with another object. For the half sovereign was not extracted through the tracheal orifice. But the laryngismus, which before the operation was so fearful in its character, was disarmed, and the patient could adopt the inverted position without danger, and thus the coin was removed.

ART. XVIII.—*Cases treated in the Montreal General Hospital, with Remarks.* By. W. Fraser, M.D., Professor of the Institutes of Medicine, McGill College.

Case, No. 2.

Amputation of the Forearm. Reported by Mr. Robert Craik.

Nathan Duffy, aged about 37, a farmer residing near Plattsburgh, of a plethoric and somewhat scrofulous looking habit, was admitted into the Montreal General Hospital, on the 27th of May, 1853. He says that, on the 19th of April, while at work, he suddenly felt an intense itching in the middle finger of his right hand, which soon increased to severe pain. He applied to a doctor, who ordered a poultice of hops, indian meal, and charcoal. It opened spontaneously, and discharged a large quantity of black-looking matter. The poultice was continued, and in a few days the inflammation extended to the hand, one abscess forming on the palmar surface and another on the dorsal. The former was opened; the latter burst

of itself. The inflammation then began to extend up the arm, and on this account he was bled by the doctor before mentioned. The poultice was still applied, and in this state he consulted several physicians in Plattsburg. Finding, however, that instead of healing it was becoming worse, he determined on coming to Montreal. When he was admitted, the finger was considerably ulcerated; the second and third phalanges being denuded of periosteum and exposed, there was very little inflammation in the hand itself, and the sinuses in the palm and on the dorsum, corresponding with the abscesses before mentioned, were so small as almost to escape notice. A poultice was ordered.

On the 30th, Dr. Fraser proceeded to remove the diseased bones. At the beginning of the operation, only the second and third phalanges seemed to be diseased, but it was soon found that the extremity of the first phalanx was so much diseased that it was necessary to remove it also. This was done, and the wound rapidly healed. The inflammation in the hand itself, however, began to increase, causing intense pain, although poultices and hot fomentations were kept constantly applied. The sinuses, formerly so small, soon acquired the peculiar fistulous appearance so characteristic of diseased bone.

About the 6th of June, it became apparent that the middle metacarpal bone was extensively diseased, and that the disease was spreading.—Dr. Sutherland was consulted, and agreed with Dr. Fraser that the removal of part or of the whole of the bone was necessary to prevent the disease from extending.

On the 8th of June, the patient being placed under the influence of chloroform, Dr. Fraser operated, and the metacarpal bone being found diseased throughout the greater part of its extent, was entirely removed. The operation was attended with a very trifling loss of blood, great care being taken to avoid injuring the palmar arches. A few branches which were bleeding, were tied, and when all oozing had ceased, the wound was brought together, and the patient sent to his ward. In about three quarters of an hour after the operation, however, the wound began to bleed freely, probably owing to the restlessness of the patient, which was extreme. Pressure was applied to the wound, and the brachial artery was moderately compressed by means of Signoroni's Tourniquet. This completely arrested the hemorrhage for the time, but it soon recommenced on the pressure being removed from the brachial. He was closely watched, and a sufficient amount of pressure maintained for several days, in hopes that when suppuration was properly established, the risk of hemorrhage would be at an end.

Suppuration commenced freely, as was expected, in a day or two, and on removing the compression all bleeding seemed to have ceased. The formation of pus, however, soon became excessive, and scarcely anything

like granulations could be observed. The inflammation extended along the tendons to the wrist and forearm, pus being formed in such quantities as completely to infiltrate all the textures in the neighbourhood of the wrist.

On the 16th, hemorrhage again took place suddenly from the palmar surface, as before, rendering it necessary to re-apply the pressure both to the hand itself and to the brachial. The compression easily arrested the bleeding for the time, but it was no sooner removed than the hemorrhage would recommence.

The hemorrhage was believed to proceed from the superficial palmar arch—from the fact that pressure on the ulnar artery almost completely arrested it. On this account it was contemplated to tie the ulnar artery at the wrist, but from the very diseased condition of all the parts it was considered doubtful whether the artery would bear the ligature.

From the frequent losses of blood, the patient's strength began to fail, and on the 20th he was ordered 4oz. of wine daily.

On the 21st, the hemorrhage commenced as usual on the removal of the dressings, and from the state of the parts the propriety of amputation was thought of, the patient himself being quite anxious to submit to it, rather than incur the risk of losing his life for the very doubtful chance of saving his limb. As there was, however, still some hope of arresting the hemorrhage, and the parts looking as if they might still heal, provided the bleeding was stopped, it was resolved to try compression once more. For this purpose, a piece of cork was so cut, that by applying it to the wrist, it would press upon both the radial and ulnar arteries. This was applied to the wrist, slight pressure being continued to the brachial. A solution of chloride of lime was applied by means of wet cloths, and the hand left untouched for three days. At the same time, in addition to the 4oz. of wine, he was ordered a pint of beer daily.

On the 24th, a consultation was called. The patient's strength seemed very much reduced, his pulse was about 130, and weak. He was very anxious to have the hand taken off. On removing the dressings, all hopes of saving the limb were at once abandoned. It seemed no longer much inclined to bleed, but the parts were in such a diseased state, that the carpal bones were completely separated, and quite moveable, and the parts to which the pressure had been applied were in a sloughing condition. As the disease extended considerably above the wrist joint, it was decided to operate about four or five inches below the elbow. He was immediately removed to the operating room, placed under the influence of chloroform, and the amputation performed by the circular method. Scarcely an ounce of blood was lost in the operation, and notwithstanding the weakness of the patient, he seemed to bear it remarkably well. On examination of the amputated limb, nearly all the

carpal bones and both bones of the forearm, close to the point of amputation, were found to be denuded of their periosteal covering. The ulnar artery, from a branch of which the hemorrhage proceeded, was uncommonly large.

On the 26th, the stump was dressed, and upon the whole looked healthy. A small slough had formed opposite the olecranon process, from the weight of the arm resting upon it, and another small one where the tourniquet had been applied over the brachial; both sores, however, looked healthy and granulating. His pulse was 124, and stronger than before the operation.

On the 1st of July he was continuing to improve, pulse 102. The stump looked healthy, but not granulating as well as was expected. His wine was increased to 6 oz. On the 2nd, on account of the inactivity of the stump, apparently owing to the deficiency of plastic lymph in the blood, he was ordered vinum ferri 3j ter in die.

On the 7th, he had slight diarrhœa, and was ordered a camphor pill after every stool till checked. Otherwise he was improving. The stump showed signs of more activity than formerly, pulse 104.

10th. The stump looked healthy, and altogether his system seemed considerably improved by the iron. He still complained of weakness, and was ordered a pint of porter daily instead of the beer.

11th, 12th, 13th. Continues to improve rapidly, with every prospect of soon recovering completely.

REMARKS.

The above case is an extreme example of a disease (paronychia) which has prevailed so extensively in this city, and I believe on this continent, for the last past few years, as to justify the inference that it is due to an epidemic cause, which so alters the quality of the blood, as predisposes to a derangement in the nutrition, (usually called inflammation) of the fibrous membranes entering into the formation of the fingers. Besides this general or epidemic cause, Duffy is a man of a highly scrofulous constitution, and the serious result above recorded was no doubt owing to the combined effect of both causes. The case illustrates the uncertainty which attends all surgical operations in persons of Duffy's constitution, especially at a season when any abnormal condition of the blood manifests itself in a number of persons.

The existence of the disease in question during the same period with a still more prevalent complaint, carbuncular inflammation, and their co-existence in some instances in the same individual, indicates such a close affinity between the two affections as to justify the assumption, that they are varieties of the same disease, originating from a common cause. What that cause is, and what changes it effects in the blood which predisposes to inflammation of the fibrous membranes surrounding the fin-

gers, and entering into the formation of the skin and its subjacent cellular tissue, become therefore questions of importance in reference to practice, but which are involved in the same obscurity as are the causes and effects of epidemic diseases in general. It is, however, encouraging to know, that the advances made of late years in human physiology are fast clearing up this hitherto obscurely understood though important subject, and that just in proportion as our knowledge of the processes of healthy blood-making, healthy nutrition and healthy secretion, becomes more perfect, so will the pathological conditions to which that fluid is liable to become better understood. Already many of these conditions have been traced to arrested secretion, by which the wasted elements of the tissues, usually secreted from the blood, and excreted from the system, are retained in that fluid, than which no more poisonous element can be introduced from without. The epidemic causes of such retention usually referred to atmospheric variations, yet remain to be investigated, but whether these are thermometric, barometric, hygrometric, electric, or consist of terrestrial emanations, which, by diluting the atmosphere, unfit it for purifying the blood, the effect is probably the same—arrest of secretion. The practice inculcated by this view of the subject in such diseases as those referred to, is purification of the blood, not by specific remedies, but by attention to the functions of the secreting organs, particularly to those of the lungs, liver, bowels, kidneys and skin, by which the waste of the system is chiefly carried off. That this is specially called for in individuals about to undergo surgical operations, rendered necessary in consequence of any prevailing disease, which manifests itself by phenomena characteristic of impure blood, is, I think, well exemplified by the case above recorded.

8 Little St. James Street, Sept. 1853.

ART. XIX.—*Case of Malignant Fungus of the Mamma,* removed by Arthur Fisher, M. D., L. R. C. S. E.

Miss ———, ætat 29, came with her family to reside in Montreal about ten years ago, since when she has been under my care. Her parents enjoy average health, have an appearance the opposite of that indicating a scrofulous or cancerous diathesis, and do not remember any previous case of malignant disease in the family.

Up to June, 1852, when her present malady may be said to have commenced, I had treated her occasionally for diarrhœa, to which she is rather subject, and in the summer of 1847 for abscess round the rectum, which discharged copiously, and reduced her very low, lasting over two months, but from the effects of which she seemed to recover perfectly.

In June, 1852, she was attacked with obstinate pain in the lower border of the left chest, extending to the loin of the same side, apparently muscular. On the 2nd August, I find the following report among my notes:—Pain, left side, heart to loin. An indurated spot in the left mamma, tender to touch. Of this I thought little at the time; it enlarged however, slowly and steadily, till the 5th of March, when I noted tumour upper and inner part of mamma, size of hen's egg, painful.—Again, April 1, tumour rather discoloured, blueish, tender, shootings through it occasionally, slight bleeding from the nipple once in the course of last night. At this time, the pain in the chest and loin had nearly ceased.

June 12. Tumour more prominent and wider spread, very tender and shooting pains severe, broke and discharged a little bloody ichor, healed again.

July 11. Seen by Dr. Campbell, who agreed with me in pronouncing the case one of malignant fungus, and advised immediate extirpation as her only chance. To this I felt exceedingly averse, considering the local affection the mere index of a general dyscrasia of the whole body, the violence of which would only be increased by removing the safety valve, and probably soon reappear, perhaps in a more important organ.

While thus balancing the case in my mind, the tumour augmented, discharged from two or three places, a large quantity of watery ichor, the pains increased, extending to the axilla and even down the arm, so as to deprive her in a great measure of sleep. The constitutional symptoms got worse, such as loss of appetite, emaciation and diarrhœa, so that it appeared as though no step could render her position more precarious.

On the other hand, I felt encouraged to give her the chance of removal from having witnessed, in September, 1851, Dr. Campbell's operation on a man for osteocephaloma, described in the second number of the Chronicle, and which, contrary to my expectation, has not, so far, reappeared.

Further, the following circumstances in my patient's case, led me to hope for a favorable result. The disease, though evidently malignant, seemed perfectly circumscribed, the breast was quite moveable on the pectoralis muscle, the axillary glands had so far escaped, and in her general appearance there was none of the leaden earthy hue, which so commonly accompanies malignant constitutional disturbance. I hence determined to give her the chance of an operation, and accordingly on the 26th July, with the assistance of Drs. Barber, Campbell and Peltier, removed the whole mamma, with the fascia over the pectoral muscle, exposing the fleshy fibres distinctly over the whole surface occupied by the mamma.

The total removal of the diseased structure did not admit of saving integument sufficient to procure union by the first intention, the edges of

the wound were drawn to within about an inch of each other by sutures, the unhealed portion of surface is now much reduced by granulation, and has a perfectly healthy appearance. The operation was performed under the influence of chloroform, which acted in a manner perfectly satisfactory.

The tumour, before operation, occupied the space in the mamma from the superior border nearly down to the nipple, protruded in a trilobular form, giving the appearance of two hens' and a pigeon's egg, was of a reddish purple colour and highly vascular, on applying a lighted candle to the opposite side, the light was transmitted, though very imperfectly.

There was a somewhat sanious discharge from these openings, but no bleeding for some days, the hemorrhage, in fact, had never been important.

The effect of the operation on the constitutional symptoms was almost magical: the appetite and sleep returned immediately, the pain and suppuration have been very moderate, and in fact, with the exception of a slight attack of lientery, lasting a couple of days, no untoward symptom has occurred.

The tumour, now in the McGill College Museum, though prepared by Dr. Howard with the greatest care and skill, can furnish but a very inadequate idea of the appearance which it presented before the operation, the drainage of the blood from its vessels having totally decolourized it, and reduced the bulk more than two thirds.

A section through the posterior portion showed a decidedly scirrhus bed, on which the anterior and fungoid portion lay, and the less diseased structure of the gland has become hypertrophied to at least three times it's natural size.

ART. XX.—*Case of Severe Compound Comminuted Fracture of the Humerus at Elbow Joint, &c.* By FRANCIS CAMERON, M.D., Wentworth, Canada West.

CASE 1.—*Severe Compound Comminuted Fracture of the Humerus at Elbow Joint.*

An Irish emigrant boy, 15 years of age, was thrown from the top of a high load down a bank, causing a compound fracture of the left humerus, just above the condyles. The external condyle was shattered into several pieces, so that I thought it prudent to cut several of the fragments away, as the joint was totally disorganized, and irritation would have been the consequence of allowing them to remain. A considerable portion of the superior part of the humerus at the fracture being detached externally, it must be evident that it was no easy matter to keep the ends of the fracture in apposition. The laceration at the outside of the joint

was fearful, and the whole case seemed to indicate that amputation was the only remedy. This was proposed, but positively objected to by the parents, so that the patient had to take his chance; and as it was in the heat of summer, rendering it impossible to keep worms out of the wound, that chance was a bad one; but through an attention to cleanliness, and keeping him strictly under antiphlogistic regimen, he, to the surprise of every body, got well, with the exception of a rigid joint. What I consider worthy of note in this case is, the lesson it teaches us not to be too precipitate in amputating in such cases, and to be cautious in our prognosis.

CASE 2.—*Penetrating Wound of Chest.*

A man about 30 years of age, fell on the sharp end of a harrow tooth, which, passing between the second and third ribs about two inches from the left side of the sternum, penetrated the left lung. Frothy and scarlet colored blood issued from the external wound with a gurgling sound, and in expiration the air would rush out with a hiss. The metal tooth had penetrated about 3 inches, by the appearance of the blood on it, and left an opening through which the lung was visible. I endeavored to heal the wound at first, by the first intention. His friends thought he was doing well as the wound seemed to heal, and only a little air escaped through it. I soon found, however, that the surface of the wound, bruised as it was with so blunt an instrument, must slough before healing could take place; and so made up my mind to let it fill up by granulations from the bottom. I dressed it with common dressings, under which treatment, it soon closed, and by combating a strong tendency to inflammation of the wounded lung, I had the pleasure of seeing my patient in a fortnight relieved from danger, and rapidly convalescing. The fact that to my mind seems most worthy of consideration in this case is, that, under certain circumstances, punctured wounds of the lung heal as rapidly as the same class of wounds in other parts of the body.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

IX.—*A Treatise on General Pathology.* By Dr. J. HENLE, Professor of Anatomy and Physiology in Heidelberg. Translated from the German by Henry C. Preston, A.M., M.D. Pp. 384. Philadelphia, Lindsay & Blakiston. Montreal, B. Dawson.

If in our wanderings through the walks of medical literature, we have read aright the indices which serve to point the direction in which the current of opinion on matters pertaining to medical education flows, there

is, at present, a marked tendency towards what is termed, *par excellence*, practical knowlege. We have observed, moreover, that not alone with a large class of practitioners, who glory in seldom reading a book or periodical does this opinion find favor. It is no less emphatically supported by men of learning and research, but whose devotion to the study of disease at the bed-side has, in a measure, warped their judgements, and led them to regard with indifference that which is generally, though erroneously, looked upon as the merely theoretical in medicine. All knowledge, we take it, which to any extent aids us in arriving at correct conclusions regarding the nature of diseases—which assists us to a more familiar comprehension of the causes, predisponent and exciting, of the same—and which unfolds to our view the parts of the organiism most likely to suffer under certain determinate circumstances, is virtually practical. And he is the wise physician, who, while keenly observing disease in all its phases and complications at the bed-side, and the effects of remedies, neglects not to pursue in the quiet of his study the path of investigation—storing his mind with so-called theoretical knowledge.—By combining the two kinds of information in his mental laboratory, there results sounder views of disease and its treatment, than can possibly be acquired by him who places dependance on either singly.

General Pathology is one of those branches of medical science which should receive the attention of all who desire to attain a complete knowledge of their profession. To the student beginning his career, it more particularly commends itself; for, notwithstanding its apparent dryness, and poverty of interest, it serves to clear up much that in his after studies would otherwise be obscure and enigmatical. Individual diseases are, undoubtedly, more easily understood, and the knowledge of them acquired, by the student who is first well grounded in general pathology.

Dr. Henlé has, for some time, occupied a prominent position among German pathologists, and his writings are held in great esteem by German students. As Dr. Preston's translation is the first which has appeared, English and American readers are less intimate than their Continental brethren with the peculiar views of the Heidelberg professor.

The first hundred pages are introductory to the proper subject of the work, and contains a very large mixture of the *inutile* with the *utile*.—Like the majority of recent German authors, he appears to be deeply tinctured with the tenets of the transcendental school of philosophy. The works of Fichte, Schelling and Hegel, have evidently given a bias to his style of writing; for many of his sentences are vague and indefinite enough to suit even the taste of our young school of religio-philosophical "progress" men. Nor would this class be disposed to find fault with the heterodox opinions which he enunciates in many parts of his work. In the chapter on "Medical Systems," for instance, he complete-

ly ignores divine revelation, and represents religion as a theory originating with man. The good and the evil being ever present, man, he contends, recognized and personified the origin of all good as the Deity, and the source of all the misery of the world as the Devil. And he thus fancifully draws a parallel between the ideas which mankind primitively have had, *ab necessitate* as it were, of religion and medicine. They both begin with a personal dualism. The devil of medicine is disease. The angel of medicine is the *vis medicatrix naturæ*. "Between the medical and the theological devil, according to biblical notices and old-wives' fables, there exists not a mere analogy, but a complete identity . . . Angel and devil strive with each other for the possession of the poor soul, which is here the body—in other words, disease and reaction contend in battle with each other." (p. 23.) Further on he represents transcendental philosophy as being "the child of Galvanism;" and that the latter was selected as a symbol of Spinoza's essentially pantheistic notion of the one "Absolute," upon which to found a worship for the multitude, who were incapable of fathoming the intellectual profundities of this celebrated man. Now this kind of irreverent writing and speculative nonsense may suit the many semi-infidel minds of France and Germany; but we question much, if the work containing such, will ever become a favorite with the matter-of-fact students of England and America, who, as a general rule, have a certain amount of old-fashioned reverence for matters pertaining to religion.

The second, or part proper of the work is divided into four sections—is more readable, and contains much that will interest and profit the medical enquirer. He will not be displeased to find, moreover, that his author no longer coquets with pantheism, or panders to that fashionable scepticism which laughs at all revelation. In fact, he now distinctly admits the personality of the Deity, and speaks reverently of the relations existing between the Creator and the creature.

Disease has been variously defined. While all have agreed to the general proposition, that it is a departure from a state of health, differences have existed as to what *is* a state of health, and consequently, as to what is the nature of its opposite, or the state of disease. Dr. Henlé defines disease; "the deviation from the normal, typical, that is, healthy vital process;" and the nature of disease, "the manifestation of the typical force under unusual circumstances." Type he regards as that condition of normality, which is presented by groups of organic bodies. This normality consisting of certain permanent and essential characters, which serve to distinguish one group from every other. "There is a type of genera, classes and species; there is within the species, again, a type of gender, of age, of single parts, of development, and of functions, which is always subjected to similar deviations. What is normal to the adult,

to man, may be abnormal to the child, to woman" (p. 104.) Normality and abnormality include the ideas of health and disease. In man, the normal-typical is health; the abnormal-typical is disease.

Typical force is that power which, operating through matter, determines the form of inorganic substances, and the peculiar and distinguishing characteristics of organic bodies. "The knowledge of the typical force of one species, allows a conclusion *a priori* for the individuals of the same species, but not for others." It differs from vital force, inasmuch as it may be present where no vitality is discoverable. In organic bodies it would appear, however, to exist as a modification of the vital force, rather than as a force distinct from it. Indeed, when we come to examine the subject more closely, the relations existing between the two are so intimate, it is hard to divest our mind of the idea that they are not identical. If we go back to the single primordial cell from which an organism has been elaborated, and from it, as a starting point, trace the successive and truly wonderful series of changes and metamorphoses which ensue, until the individual arrives at that state of perfection which is the normality of the genus to which it belongs, we perceive at every step of our investigation that the vital and typical forces advance *pari passu*; that, in fact, the type of each *whole*, and of the several parts which by their combination, constitute that *whole*, cannot be arrived at, unless through the energy of the vital force. There is between the typical force and the other forces which operate throughout nature, a mutual dependance, or "correlation." The former may be affected in many ways by the latter, and *vice versa*. The necessary conditions which ensure its proper action may be interfered with by varying changes in the amount and degree of the other forces, and, as a consequence, abnormality of action eventuate, which is essentially disease. Thus, a current of air directed on the globe of the eye, for some time, causes a disturbance in the amount of the force heat necessary to sustain the typical condition of the conjunctiva, and a deviation immediately ensues; or, in other words, inflammation sets in. Morbid growths exhibit what the typical force is capable of effecting when extraneous influences are in excess.

Section 3 treats of "disease in its relations of extent." The third division of this section, on "sympathy and antagonism," is one of the most important in the book.

Man, as an entirety, is made up of several organs possessing distinct functions and characters, but which, in the perfect physiological condition of the organism, are mutually dependant, and work in harmony. This interdependance of parts, so complete and so essential to the unity of the whole, fully explains why separate portions are reciprocally affected by changes, morbid or otherwise, occurring in each. "Two organs, which are thus excitable and changeable, the one by the other, stand,

as we say in *sympathy* or *consensus*. Two different cases are possible, in which the consensus of two organs are perceptible:—1st. The change of the one occasions a homogeneous change of the other; increased excitement of A, occasions excitement of B; paralysis of A, paralysis of B. This is sympathy, or consensus in a narrow sense; the change of the second organ is called *sympathetic, consensual, or synergetic*. 2nd. The change of the first organ occasions the opposite in the second; the excitement of A depresses the excitement of B; congestion in the one part cancels the congestion in the other. These are the phenomena of antagonism; this change of the second organ is called *antagonistic*." (P. 184.)

Sympathies are either normal or abnormal. Normal sympathies are sympathetic phenomena, which in the healthy condition of the body take place in separate organs and structures. "Abnormal sympathies are unusual, either from the facility with which, or the extent to which they occur, or also from the fact that they take place between parts usually not sympathising." Sympathies are conducted either through the blood or nervous system. There are sympathies, however, whose source is unknown. In illustration of normal sympathies conducted through the blood, and which always manifest themselves in the form of antagonisms, we adduce what is commonly termed the vicarious action of organs. The skin, as is well known, secretes a greater quantity of azotized matter, whenever the functional activity of the kidneys is from any cause lessened; and conversely, the water of the urine is much increased when from the impression of cold, or other cause, there is a diminution in the amount of fluid evaporated from the surface of the body. When the lungs become so diseased, as in cases of phthisis, that the elimination of carbon from the blood is seriously interfered with, the liver, which is the great organ in the system for the consumption of carbonaceous matters, becomes "fatty," the increase of the adipose substance being caused by the increased amount of carbon element which it has to separate from the circulation. There is, likewise, a power of compensation existing between the lungs and skin.

Our author divides the sympathies of the nerves into five classes:—1st. Sympathies of the acknowledged cerebro-spinal nerves, that is, of the sensitive nerves of the external parts of the body, and of the voluntary motor nerves, with exception of the brain. 2nd. Sympathies of the splanchnic nerves, sensitive and motor. 3rd. Of the nerves of the cellular tissue. 4th. Of the vascular nerves. 5th. Of the psychical nerves." (P. 224.) The first class includes a wide range of sympathetic phenomena. "There are three dimensions according to which communication can take place. It proceeds, namely, from the irritated point:

1st. In breadth, to the corresponding cord and nerves of the other side. 2nd. In length or height, along the same cord, to a higher or lower homonymous nerve. 3rd. In thickness, from one cord of one side to the cord of the same side." (P. 225.) The history of symmetrical diseases affords numerous instances of communications proceeding to corresponding nerves at opposite sides of the body. Many cases of paralysis have exhibited it likewise. Marshall Hall, for example, by extending and elevating the right arm of a man hemiplegic on the left side, observed that the homonymous muscles of the left, paralysed limb, contracted, thus producing, unconsciously, similar movements. In toothache of one side, the corresponding teeth on the opposite side, frequently ache.

Proofs of communications ascending and descending on the same cord are afforded by the radiation of pain from the region of the affected part. Pain in toe or finger passes up the limb to the trunk—pain in eye radiates to the frontal and temporal regions, and so on.

Communications in thickness from the anterior cord of one side to the posterior cord of the same side, and conversely, include all those motions which result from the excitation of the reflex action of the spinal cord.

Section 4 treats of "The relations of disease with regard to time." It has three divisions:—"1st. Of the course of disease. 2nd. Of the termination of disease. 3rd. Termination in death." The first division contains two chapters:—"A. Duration of Disease. Type. B. Periodicity. Rhythm—Periodicity of healthy life—Rhythm in disease." The second also has two chapters:—"A. Termination in recovery—Lysis—Crisis. B. Metaschematism—Metastasis."

While we must confess that we consider Dr. Henle's treatise not so well adapted for a text-book on General Pathology as some others with which we are acquainted, we would at the same time state that, in our estimation, it will form a valuable addition to any medical library. It should be possessed by all who are desirous of acquainting themselves with the general views of disease held by authorities in the German school of medicine.

We hope Dr. Preston may receive such encouragement as will determine him in placing within the reach of English readers, Dr. Henle's works on Special Pathology. We cannot close this review without noticing the typographical excellencies of the work. They are such as to reflect credit on the well-known publishers, Messrs. Lindsay and Blakiston.

X.—*Fracture Tables.* By Frank H. Hamilton, A. M., M. D., &c., with a Supplement compiled from Dr. Hamilton's notes. By John Boardman, A. B. Jewett, Thomas & Co., 1853. Pp. 36.

We thank the author for his politeness and attention in forwarding us a copy of the above pamphlet. It comprises an analysis of 461 cases of fractures, which are so tabulated as to give the name of the bone, point of fracture, character of fracture, initials of patient, age, time since it occured, united or not united, amount of shortening, perfect or imperfect. In addition to these are foot notes of special fractures, and some few general observations of interest. It will thus be seen to comprise a large body of evidence on different subjects connected with fractures, and which by some little trouble could be worked up to much advantage. We have looked closely into it and are rather astonished at some of the conclusions it has afforded. Thus of 41 fractured clavicles—union was only perfect in 15 and imperfect in 26, there being $1\frac{1}{4}$ inches shortening in 2, 1 in. in 2, $\frac{3}{4}$ in. in 2, $\frac{1}{2}$ in. in 14, $\frac{1}{4}$ in. in 3, and extent not stated in 3—an amount of deformity which we trust will be prevented in future, by the use of modern inventions, as the adjuster, which was figured and described in a late number of the Chronicle. Of 73 fractures of the Tibia and Fibula, union was imperfect in 50, in some the broken leg united shorter than the other by an inch, and half an inch of difference in favor of the sound leg seems quite common. Every surgeon interested in the subject should be in possession of Dr. H.'s statistics and a perusal of them will shew that they have been collected with care and assiduity and fill up some voids which existed in previous ones of a similar nature. Thus Lonsdale's table only gave the comparative frequency of fractures in different bones, while Dr. Wallace's which was made up from 197 cases treated in the Pennsylvania Hospital from 1757 to 1838, was confined to the number admitted and cured: days required for cure: died from immediate effects of injury: died subsequently: terminated by amputation: removed while under treatment.

XI.—*Address to the Graduates in Medicine at the University of Buffalo,* April 27, 1853. By Frank H. Hamilton, A.M., M.D., &c. Jewett, Thomas & Co. Pp. 15.

This is a sound practical valedictory and much to be admired for the sterling honesty of its precepts and for the bold uncompromising style in which they have been written. The author has evidently taken a just view of men and things in his experience with the world, and we sincerely hope that his exhortation will produce a lasting impression on the minds of his hearers and readers.

CLINICAL LECTURE.

Clinical Lecture on Wounds of Blood-vessels of the lower extremities.—By William Lawrence, F.R.S., Surgeon to St. Bartholemew's Hospital. (Condensed from the *Medical Times & Gazette.)*

When arteries under the calf of the leg are wounded, it is difficult to follow the well-founded and generally received rule, of exposing and securing them, even under the best circumstances; that is, if we see the case early, when there is no great swelling, and their natural relations are not obscured by ecchymosis. Frequently we do not know what vessel is wounded, nor the precise locality of the mischief. Sooner or later, and often very quickly, the whole limb is swollen by extravasated blood, while all the soft parts may be lacerated, contused and infiltrated with blood. Incisions to discover the injured vessel would obtain very little success; in such a state they might be attended with dangerous loss of blood, and must of necessity be extensive and deep. Hence amputation is sometimes demanded to avert worse consequences. We have an example of this in a patient still in hospital, although recovered from the amputation.

Violent contusion of the leg. Rupture of the anterior tibial artery. Amputation of the thigh. Recovery.—John Conner, 43, tolerably stout, intemperate, admitted 5th April, 1853, about 1 P. M., while very drunk. He had been knocked down by a fire engine, and one or both of its wheels passed obliquely over the back of the leg from below the calf to the knee. The engine weighed 26 cwts., and there were 14 men on it. Next day the limb, especially the calf was greatly swollen and tense, slightly livid, looking mottled. There was no external wound. The anterior and posterior tibials pulsated, but very feebly. Messrs. Archer felt at the same time, one an artery in the foot, the other the radial; the numbers corresponded. 30 leeches were applied in the evening, from increase of pain, which had become great during the day. 7th. Relieved by the local bleeding which had been copious: but he did not sleep. An opiate at bed time. 22d. Has had more or less pain and rested badly. Last night suffering in the calf greatly aggravated, extending to ankle and heel and still present, entirely preventing rest. Limb enormously swollen from ankle to ham, and as hard as a board, tension extreme, pain severe and unremitting, urgently requiring relief. Having found some little yielding to pressure, I made an incision 7 inches long, from a little below the head of the fibula downwards, and then opened the fascia, which was extremely tense, to the same extent. The integuments gaped widely, and the muscles protruded at the slit in the fascia. A little dark liquid blood escaped. 30 gtt. tr. opii at bed time. 13th. Easier after incision, and slept tolerably during the early part of the night: but pain returned with great severity towards morning and it still continues in the calf, ankles and heel. Limb swollen throughout, with the same incompressible hardness. Pulse 92, small and soft; countenance worn and anxious. 15th. Great and continued suffering, little sleep, although two half drachm doses of tr. opii were taken each night. An incision of some inches was made through the integuments and fascia, on the inner side of the limb, where the tension seemed least, but without benefit. 16th. As there had obviously been some deep seated vessel or vessels injured and the state of

the limb not improved but threatening to become worse, amputation was the only means of saving life, and with the concurrence of my colleagues it was performed. The alterative of searching for the wounded vessel by an incision in the calf, and if it could not be found, proceeding to amputation, was mentioned. Such a course I thought objectionable as imminently dangerous to life. While under the influence of chloroform, the limb was taken off by the circular operation. Ecchymosis has extended up the back of the thigh above the incision, thickening and hardening the integument and subjacent structures but not so as to interfere with the operation. Being relieved from pain, he slept well and was better next day. Generous diet and wine were allowed and agreed well, and healing was completed quickly, without any unfavorable occurrence.

Examination of the limb.—Muscles of calf torn and bruised extraordinarily, gastrocnemius nearly severed at its middle. Soft parts covering the upper third of the fibula in same state. This bone had been broken transversely near its junction with tibia and the sharp edge of the fracture, driven violently against the tibia had cut across the anterior tibial artery just at its passage through the interosseous ligament. The posterior tibial vein was opened near the middle of the leg and there was a coagulum in the orifice. Among the injured muscles there were extensive coagula.

The pulsation in both tibials was felt for the first two days, before its extinction it was very feeble probably from the gradual extension of swelling to the foot. The anastamosis between these vessels, explains the detection of the pulse on the back of the foot after complete division of the trunk, in the same manner as the return of pulsation in popliteal aneurism after the femoral has been tied. It is natural to examine the state of pulsation in the branches when the trunk is thought to be divided. The persistence of pulse then does not prove that the trunk has not been wounded as is shewn clearly by this case and another of Mr. Paget's. In his a youth was brought to the hospital with a wound near the middle of the thigh, inflicted a few days before, and bleeding profusely, and yet the femoral below the wound and both tibials pulsated naturally. Bleeding having returned on the 21st day, the femoral was exposed and found cut longitudinally for not less than $\frac{1}{8}$ of an inch.

The effused blood under the calf in Connor, probably was from the posterior tibial vein, for the anterior tibial artery was wounded towards the front of the limb while the posterior vessels and nerve were undisturbed so that they had to be raised laterally to trace the seat of injury. In a patient of Mr. Stanley's the leg had been seriously damaged by the wheel of a carriage passing over it; there was great swelling as if the case were one of severe bruising and ecchymosis. After some time, inflammation set in and death followed. Rupture of the posterior tibial vein was found, with great extravasation under the calf. Serious results and even loss of limb may follow a much less formidable accident than Connor's. Inflammation may supervene quickly; aggravated if not excited by the presence of coagula, and the violent destruction of surrounding structure bound down by fascia and tendons and is not only a source of severe suffering but dangerous from its extent. The two next cases exemplify this.

Punctured wound of the leg. Partial transverse division of the posterior tibial artery and vein. Repeated bleedings about a month after

the accident. Amputation of the thigh and recovery.—William Walby 18; wounded himself with a pointed iron tool, which entered about an inch behind the inner edge of the tibia, and passed obliquely upwards and backwards to an uncertain depth. Profuse bleeding followed, but ceased spontaneously. When admitted, on Sept. 26, the limb was swollen and painful; the edges of the trifling wound in the skin adherent. 27th. Passed a restless night; tension and pain increased, pulse accelerated, V.S. to 12 oz. 12 leeches to leg. Oct. 1st. Leeches repeated on the 29th. Swelling, of incompressible hardness, occupies the whole back of leg. Heat and pain prevent rest at night; much constitutional disturbance. Aperient and saline draughts. 6th. 18 leeches applied on the 4th. Swelling and tension increased. Glands in groin enlarged and painful. Repeat leeches, as they have hitherto given temporary relief; they were also applied on 11th and 13th. 14th. Pain and distress being very urgent, the limb was carefully examined, when there being some softness, though no fluctuation, above the puncture, an incision was made to the depth of an inch and a half, but only a few drops of blood followed. 15th. A good night, no pain, and less tension. 20th. Leg becoming softer and free from pain; good rest at night. 22nd. A slight discharge of bloody matter from one corner of the incision, yesterday, a great deal escaped on enlarging the opening. Now a copious discharge of matter and blood. Rest at night with improved health. 24th. Considerable bleeding from wound yesterday, and since then an oozing of blood and matter; opening enlarged to ascertain source of bleeding which was considered venous. Faintness ensued and bleeding stopped. By the finger a boundless excavation was found under the calf. 26th. Slight discharge of blood and matter has continued. Arterial hemorrhage during the visit. It being certain that an important artery had been wounded, the question arose whether an attempt should be made to expose and secure it, or remove the limb. The latter was quickly decided, for on his removal to the operating theatre, he was so faint, that we had to wait some time, and give wine freely. The limb was amputated above the knee, wine being given freely during and after the operation. The pulse improved and he was better in the evening. He went on favorably and left in December.

Examination of the Limb.—A cavity, from the back of the knee to within 2 inches of the ankle, and the entire breadth of the limb, separated the muscles of the calf from those immediately covering the tibia and fibula; it contained a large mass and smaller portions of solid blood with about a pint of thickish fluid, a mixture of blood and matter. When these were removed and the surface washed, it looked reddish as if inflamed, and was covered by a smooth layer of fibrin. A part of the coagulum remained adherent to the tibia, just above its middle. The adhering basis was like the fibrin of the sac of an aneurism, and it stuck firmly. When removed it presented a smooth cavity as large as a hazel nut. In the space to which this corresponded were the posterior tibial artery and vein, each about half divided transversely. The aperture in the first was oval, and there was no coagulum above or below. The upper end of the vein was closed; but the lower, although containing a recent coagulum, allowed a probe to pass easily.

THERAPEUTICAL RECORD.

(Virginia Med. and Sur. Journal—Sept., 1853.)

Calculi.—M. Denamiel proposes a new method of crushing calculi in the bladder, which he terms lithothliby. It consists in seizing the concretion between the ordinary steel sound and the index finger introduced into the rectum and pressing the sound with a sufficient force to fracture the calculus. The fragments are then treated in a similar manner. Lithothliby is, of course, only applicable to the treatment of large and friable concretions, and even in these cases, appears to us to be greatly inferior to lithotrity. For the rest, the author admits he has little experience in the treatment of calculous disorders.

Carbuncle.—Dr. Caifassi, recommends, that the best frankincense (Boswelli thurifera) should be powdered and made into paste, and spread on linen, for an application to carbuncles.

Colica Pictonum.—Dr. Swett, of N. Y., calls attention to the treatment of bad colic by strychnia, which he proposed a year or two ago, and which has become the settled practice at the N. Y. Hospital. Dr. Watson applies a cataplasm of tobacco on the abdomen, and sometimes a cigar into the rectum. Relief is generally obtained in 4 hours.

Odontalgia.—M. Buchaert has cured more than a hundred soldiers of the 6th regiment of line, of toothache by simply *extracting* the offending tooth and then allowing it to grow again in its place. The teeth thus replaced are dead and are exempt from morbid actions, and are only affected by physical and chemical causes, while the periosteum contracts adhesions with the alveolar process and continues to live.

Phthisis—Avicenna considered sugar the best palliative of phthisis. Dr. Cartwright, of New Orleans, undertakes to cure phthisis by sugar, administered in the form of vapor. He requires his patient to spend many hours daily in a sugar manufactory. It appears that the saccharine vapours which pervades these establishments arrest phthisis almost instantaneously.

Puerperal Fever.—M. M. Paul Dubois and Grisolle, have employed tincture of aconite in this affection, in three cases; two of the patients died after a much longer period than puerperal fever usually requires to arrive at its fatal termination; the autopsy revealed numerous abscesses, pus in the uterine sinuses and other lesions of puerperal fever. The third recovered after presenting all the symptoms of purulent infection, left M. Dubois' ward perfectly well. M. Tessier, has recommended aconite in large doses in purulent absorption.

Typhoid Fever.—When meteorism, heat of skin, pain in the abdomen and attacks of colic are predominant symptoms in this disease, M. Sandras advises the application of ice to the abdomen. If nocturnal delirium, stupor and congestion of the head occur, a bladder of ice should also co-

ver the head. M. Sandras has long employed this practice at the Beaujon Hospital. The ice is mixed with linseed meal, which absorbs the water, and is frequently renewed. The tympanites yields first, then the pains of fever gradually diminish. In the hæmorrhages which occur during typhoid fever, there is no better remedy than ice.

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

MEDICAL EDUCATION.

Medical education is a subject of deep interest, and much importance to both the public and the profession. It determines in a great measure the ability of the future physician, his value as a servant to the community, and the position he is to occupy among his contemporaries. It is inseparably connected with the dignity of the profession, inasmuch as this depends upon the character of its members, and is elevated in proportion to their enlightenment. It holds at its disposal the great claim of medicine to rank as a noble science, and disown emulation with the meanest trades. And to it rational medicine looks for the faithfulness of her followers: since, as, the principles inculcated in early life manifest themselves in the actions of after years, and the views of maturity have a beginning in the communications of youth, so not a little of the empiricism now rampant, may be ascribed to unsound and deficient medical education.

Medical education was attended to in the most remote periods. Before the time of Hippocrates—upwards of 400 years before the Christian æra—several medical Schools existed, the most famous of these, were those of Cyrene, Rhodes, Cnidos, and Cos. It was from the third that the celebrated *Cnidian Sentences* emanated, a work now wholly unattainable, and almost unknown. In more modern times, the earliest medical school was that of Jondisabour, founded in the 3d century,—the most famous those of Bagdad and Salerno. The first was connected with laboratories and infirmaries, and attracted together at one season 6000 pupils. The latter flourished about the time of William the Conqueror, and being part of a University, conferred degrees on students of seven years' standing. Its fame subsequently descended to its successors at Montpellier, Bologna, Paris, Rome, Padua, Vienna, and Leyden, and when medical learning was earliest taught in the British Isles, Edinburgh was pre-eminently its seat.

The first Medical School in Canada was that which is now incorporated with the University of McGill College. It was opened in 1824,

Since then, it has gradually advanced in improvement, and has now reached a state of comparative perfection. Possessing advantages not inferior in character to those of more favored schools in distant countries, and not exceeded in number by any other school in America. From time to time it has been the theatre of changes, which have been intended to render more complete the means at the disposal of the student for acquiring a thorough knowledge of medicine in all its branches, and to afford him all the facilities for graduation, consistent with the usages of older and better known institutions. The curriculum of McGill College is differently arranged from those of the schools in the United States. In the latter the student goes through a full course of all the lectures delivered at the school each session, and at the end of the second may become a candidate for graduation. In McGill College, he is required to attend two full courses, but he may distribute them over four sessions, so that at no one is he compelled to take a full course. In regard to students coming from other schools of medicine, they are required to show that they have attended three sessions, and that they have either followed two courses of every branch required by the curriculum of McGill College, or that in their attendance at the one session which they are obliged to follow at that Institution, they will complete its curriculum. In all cases, a student of another College or School wishing to graduate at McGill College, must attend one session at the latter school, and follow four of its classes. In future, its students are to have the privilege of dividing their final examination into two portions,—the one on the elementary branches: Anatomy, Chemistry, Materia Medica and Institutes of Medicine; the other on the higher branches: Surgery, Practice of Physic, Midwifery, and Medical Jurisprudence,—to be undergone at different periods: in the case of students who attend the University, during their whole term of study at the third and fourth sessions; in the case of those who only pursue their last session in it at different months. Other alterations are contemplated, and the present statutes have been revised, but the new code will not come into force this session.

In this city, there is also the Montreal School of Medicine, the lectures of which are delivered in the French language. Since its incorporation by Act of Parliament in 1843, it has been well attended by gentlemen who prefer receiving instruction in their native tongue, to whom it offers excellent advantages. It is under the care of a staff of able lecturers.

Each school is connected, through its teachers, with Hospitals for clinical instruction. McGill College with the Montreal General and University Lying-in Hospitals; the Montreal School with the Hotel-Dieu, and La Maternité de Ste. Pélagie. Here the student receives from a teacher of his own school a practical exposition of the principles and precepts taught him in the class room.

Montreal, thus, holds out many inducements to the student to select it as the city of his medical education. It has already acquired a wide-spread reputation. Year after year students have come to it from different portions of the Province, and from the adjoining Union, while duly qualified practitioners have gone from it to all parts of the world, affording proof by their abilities of the capabilities of the source whence they sprang. Its worth is further attested by the many who after graduating at McGill College have visited transatlantic cities, and returned with honors and other flattering testimonials of proficiency. An achievement not so difficult of accomplishment, since the Royal Colleges of both Surgeons and Physicians in London, Ireland and Edinburgh, receive them on the most favorable terms, and award them all the privileges obtainable by those who have studied in the schools of Great Britain and Ireland.

A NEW ANÆSTHETIC.

Mr. Nunnely, a few years ago, instituted inquiries into the nature of several chemical substances, with the view of ascertaining whether they possessed anæsthetic properties or not, and was rewarded with the discovery of several such previously unknown. These, with those met with by other chemists, form a large class of anæsthetic agents, amounting, in all, to thirty or more in number. Some were a series of compounds of organic radicles, as ethyle, acetyle, formyle, and methyle, and all had one common character of being manufactured articles. Latterly, another substance has been added to the list, which, unlike the former, is an organic substance and a natural product. Mr. Richardson, in a late publication, directs attention to the anæsthetic properties of the lycoperdon proteus or common puff ball. We have not yet seen his pamphlet, but from a notice of it we learn that it gives the detail of a series of experiments on dogs that were made to inhale the smoke of the burning fungus, and appears to establish the following conclusions:—

1. That the narcotic principle is given off freely during the combustion of the fungus; and, as it exists, the fumes produced are highly volatile.

2. Combustion of the fungus in oxygen gas does not destroy the anæsthetic principle.

3. The anæsthetic principle is not quickly absorbed or destroyed, either by water, alcohol or strong alkaline solutions.

Unless puff ball has some marked superiority over chloroform, the present favorite, it is not likely to be adopted as a substitute or be received into general use. We think we have all that can be desired in

chloroform, and that as it produces its effect "tuto cito et jucunde," we should not be warranted in laying it aside for one which has probably not a single trial on the human subject to condemn or recommend it. Some may carp at chloroform producing insensibility *tuto*, and appeal, in justification, to the 33 deaths which have been ascribed to its influence; but the mortality when properly estimated, by extracting it from the gross number of instances of inhalation, and comparing both together, is very fractional, and is likely to be still less, if at all, in future, if advantage be taken of the improved modes of treating those endangered by its use. Of these, probably, the most entitled to consideration, is galvanism.

GALVANIC ABDOMINAL SUPPORTER.

This is an exceedingly ill-chosen name for an electro-galvanic apparatus, designed to secure, when applied, a continuous current of electricity of very low tension, through the pelvic organs and parts in the vicinity of the pelvis. It consists of one zinc and two copper plates, connected by means of two curved metallic springs. The zinc plate is placed above the pubis in direct contact with the skin. The acid perspiration acting on the zinc oxidises it, and an amount of electricity is generated sufficient for remedial purposes. This electricity is conducted by means of the two curved springs in front of the anterior superior spinous process, and above the crest of the ilium, to the two copper plates which rest on each side of the spinal column. The current is thus established. The *amount* of galvanism can be easily regulated by exposing a greater or less surface of the zinc plate to the action of the perspirating fluid.

Dr. C. H. Cleaveland, of Waterbury, Vt., who is now associated with Messrs. Seymour & Co. in the manufacture of "supporters," has published a pamphlet, in which he has collected the opinions of many distinguished European and American medical practitioners on the benefits to be derived from the application of galvanism, as a remedial agent, in certain diseased conditions of the body.

There are many cases of amenorrhœa, dysmenorrhœa, prolapsus uteri and constipation, which, we have no doubt, might be much benefitted by the employment of this apparatus; but, as galvanism is an agent powerful alike for evil as for good in diseases of the generative organs, Dr. Cleveland has acted properly in adopting measures to prevent the galvanic supporter from falling into the hands of those dabblers in the healing art, who are ever ready to try the effects of new inventions and new remedies on the person of some unfortunate friend. The "supporter" may be obtained from Messrs. S. J. Lyman & Co., who have received instructions to dispose of them *only to medical men, or to persons presenting an order from a medical man.*

Annual Announcement of Rush Medical College.—We have received the eleventh Annual Circular of this Institution situated in Chicago, Ill. It presents a very favorable view of the condition of this seat of learning, and of the means at its disposal, for imparting a sound medical education.

To Contributors.—The "Original Communication" department of our journal has hitherto been well and ably sustained. On the average, four original papers have appeared in each number, and we do not anticipate any falling off in future; but we would most willingly extend the limits of this department were we certain of having a sufficient increase to warrant our doing so; and as we believe if this were accomplished, a great desideratum would be gained, we respectfully invite our subscribers, both in town and out of town, but more especially the latter, to avail themselves of our pages, to record passing matters of professional interest both for their own satisfaction and the improvement of their confreres.

NEW JOURNALS.

Peninsular Journal of Medicine and the Collateral Sciences. Edited by E. Andrew, A.M., M.D. Geo. E. Pomroy, Detroit. $2 per ann. 48 pp. Nos. 1, 2 and 3.—This journal contains a large mass of valuable information, and is well deserving of patronage. We esteem it as a very important addition to our exchanges, and hail its arrival with delight.

Peoples' Medical Gazette. Edited by Jno. Davis, M.D. Geo. P. Evans, Abbeville. $1 per annum. 32 pp. No. 1.—We have no doubt that the *Gazette* will find a large circulation among the people. Whether the able editor will please both the million and his brethren, remains to be seen. We hope he may.

Iowa Medical Journal. Conducted by the Faculty of the Medical Department of the Iowa University. Keokuk, Iowa. 32 pp. $2 per ann. Nos. 1 and 2.—This journal has been added to the long list of American journals, principally "to promote the good of the (Iowa) institution and thereby to exercise a reflex benefit upon medical science and the profession at large." It is ably edited, contains a large share of valuable matter, both original and selected, and in return deservedly enjoys the support of a goodly number of subscribers, which we hope will be increased by each successive issue.

Books Received for Review.—Wilde on Diseases of the Ear: Blanchard & Lea, 1853. Budd on the Liver, second American, from last London, edition: Blanchard & Lea, 1853. Miller's Practice of Surgery, third American, from last Edinburgh, edition: Blanchard & Lea, 1853. Williams' Principles of Medicine, fourth American edition, revised:

Blanchard & Lea, 1853. Walton's Operative Ophthalmic Surgery: Lindsay & Blakiston, 1853. Bull on the Maternal Management of Children: Lindsay & Blakiston, 1853. A notice of Dr. Meigs' excellent Treatise will appear in our next.

HOSPITAL REPORTS.

MONTREAL GENERAL HOSPITAL.

Fungous Cancer of the cheek removed by excision.

M—— I——, æt 53, residing in the country was admitted into Hospital on the 3rd August, 1853, under the care of Dr. Campbell, on account of a cancerous ulcer on the left cheek, having a purulent discharge.—When pinched up its base feels firm and indurated, it is excessively tender to the touch, producing a sharp, shooting kind of pain. Her appearance is stout for her age, and her health has always been good.

She states that she first observed it last winter, about 8 or 9 months ago, when she noticed that the skin on the part felt rough and looked whitish —which she first attributed to a frost bite—about two months afterwards, the skin broke, the surface became rough and wartlike, and the discharge commenced, since when it has not increased much in extent, and is only painful when irritated.

4th. The patient having been put under the influence of chloroform, Dr. Campbell excised the tumor, making a semilunar incision on each side of it and removing a small portion of sound skin along with it, a stitch was put in and a compress and bandage applied to prevent bleeding.

15th. The wound is now healed up, leaving only a wrinkle in the direction of the incision, and there being one in the same place on the opposite cheek, only those who are aware of the operation would observe any deformity. *Appearance of the tumor.*—About the size of a large pea, projecting below the skin and embedded in a large mass of fat, from which it was separated by a kind of cyst, its section had a whitish look and its consistence was firm and dense; its surface presented a small excavation, from which a small quantity of pus was exuded. Dr. Campbell stated that he considered the tumor to belong to the class of cancroid diseases described by Cæsar Hawkins, under the title of "Fungous cancer of the face of old persons."

Osteo-sarcoma of the upper jaw—resection of the right maxillary bone.

The operation was performed by Dr. Crawford on Nelson Smith, a boy of 13 years of age. The tumor commenced in the alveoli about 6 years ago, in all probability during, and in consequence of dentition. The boy had a healthy appearance, although he had suffered a great deal from hæmorrhage, about two years ago, which continued to return daily, and often more frequently, for about the space of a year, during which time the tumor increased considerably, and then began to discharge matter, apparently from its surface. He has not experienced any pain in the tumor, but suffered severely from headache, for some months, the cause of which is not very manifest. The tumor occupied the alveoli of the right superior maxillary bone, and extended along the palate process, pushing over three molar teeth to the left of the centre of the palate, it presses

out the cheek, and in a considerable degree filled the roof of the mouth, was an impediment to speech, and to the free movement of the jaw, the disease being diagnosed to be confined to the floor of the antrum and alveoli, the orbital plate and nasal process were preserved.

Operation. An incision was made, extending from below the outer canthus of the eye, in a semilunar form, and terminating at the commissure of the mouth, which when dissected upwards, and the ala nasi detached, formed a flap and exposed the diseased portion in front. An incision was then made longitudinally along the soft palate, and a second crossing this at the posterior part, which separated the velum and uvula from the maxilla; the diseased portion of bone was then separated by plyers cutting along the palate plate, and across the nasal process, and front of the maxilla, leaving the upper portion of the bone untouched, the lower portion was then depressed with the finger, and easily detached. A pair of Stubb's cutting plyers were used to cut the body of the bone, and gave great satisfaction. The whole operation occupied only twelve minutes. The disease was found to be wholly confined to the portion which had been removed.

The wound united by first intention, the sutures were removed on the 4th day, and he went home on the 13th day, the deficiency in the palate being in a great measure filled up, and his voice being pretty natural.

Single Hare Lip—Malgaigne's Operation.

Peter Nesbit, a seaman, was admitted into the Montreal General Hospital, under the care of Dr. Wright, for a sloughing ulcer of the right leg, which speedily healed under appropriate treatment. He had a single hare lip—the fissure acurately in the mesian line—neither complicated with solution in the continuity of the palate or superior maxilla, nor with projection or irregularity of the teeth. Although he was 43 years old, it had never been operated upon.

22nd August, 1853. The deformity was removed as follows by Dr. Wright:—The side of the fissure having been put upon the stretch, the nasal angle was divided, and a scalpel having been introduced there, it was made to cut in a direct line with the free border until the junction of the skin with the mucous membrane was approached. A similar flap was then formed on the other side. The lip was brought together, the raw margins neatly fitted and retained in situ by a needle passed deeply across the upper part of the wound, around which part of a thread was twisted. The flaps were next abbreviated to the required extent. A second needle introduced just above the muco-cutaneous junction and secured like the first: the flaps were then apposed, and having matched, were retained by a stitch. The needles having been cut, two light compresses were put over the labial commissures, and kept there by a strip of plaister, and a narrow bandage passed round the head and over the vertex. Scarcely any blood was lost. Before making the incisions, the coronary circulation was commanded by Mr. Rintoul.

25th. The needles and stitch were removed; the thread and part of plaister on wound left undisturbed. Additional support given by plaister shaped and applied purposely for hare lip and by former bandage.

29th. Plaisters, &c., dropped off, exposing perfect union. A narrow white cicatrix runs straight down the centre of the lip, and, with a slight

continuation on the mucous membrane, is the only mark of the operation: it fairly halves the lip, and the two portions are perfectly symmetrical. Instead of the centre of the prolabium being notched, it is rather dependant, as in lips supposed, physiognomically, to indicate the faculty of concentration. Although union seemed firm, straps, &c., were re-applied by way of precaution, and advised to be kept on a few days longer. He left the Hospital this afternoon to join his ship at Quebec, as she was to leave on her homeward voyage the next day.

The subjoined cuts, taken from drawings made by Dr. A. C. MacDonell, are faithful representations of the lip before and after the operation:—

RETURN of Sick in the Marine and Emigrant Hospital, Quebec, from the 31st July to the 3rd September, 1853, inclusive.

	Men.	Women.	Children.	Total.
Remained,	61	15	2	78
Since admitted,	120	34	10	164
	181	49	12	242
Discharged,	117	22	4	141
Died,	7	3	1	11
Remaining,	57	24	7	88
	181	49	12	242

Fever,	72	Amenorrhœa,	1
Inflammation of Lungs,	5	Rubeola,	2
Inflammation of Bowels,	1	Febricula,	7
Dyspepsia,	2	Disease of Knee Joint,	2
Rheumatism,	6	Pregnancy,	1
Dysentery,	10	Albuminuria,	1
Small Pox,	1	Ophthalmia,	2
Dropsy,	1	Subluxatio,	2
Diseases of Skin,	2	Feb. Intermittent,	1
Syphilis,	12	Scorbutus,	4
Fractures,	3	Strictures,	1
Abscess,	3	Necrosis os Maxil,	1
Ulcers,	4	Delirium Tremens,	1
Wounds,	2	Insanity,	1
Contusions,	11	Paralysis,	1
Burns and Scalds,	1		

C. E. LEMIEUX, House Surgeon.

MEDICAL NEWS.

Dr. J. M. Neligan, the editor of the Dublin Quarterly Review of Medical Science, has had conferred upon him the honorary degree of Doctor of Medicine of Trinity College, Dublin.—During June, 9,699 lbs. of opium were imported into England, and during the five previous months, 63,354 lbs.—The authorities of Madrid have prohibited the drawing of teeth in the public streets, because it is derogatory to the dignity of the dentist's profession, and on account of its "staining the streets with blood."—The Astley Cooper prize of £300 for the best essay on the "structure and functions of the human spleen," has been awarded by the physicians and surgeons of Guy's Hospital, to Henry Gray, Esq., F.R.S.—The "Aztecs," who were in this city a few years ago, are now exhibited to the public in London, and excite, by their peculiar appearance, considerable interest. The closest investigation leads those, best qualified to judge, to the conclusion, that the story as to the origin of these little creatures is mythological, and that they are merely *cretins* of a mixed Spanish and Indian breed.—Owing to the great heat and the absence of rain, 1100 persons were carried off at Calcutta in the course of two days.—Recent letters, says Medical Times and Gazette, of July 23, from the squadron in China state that 50,000 lbs. of rotten meat had been thrown overboard.—The alumni of the medical department of the University of Pennsylvania are to be called on to contribute each $1, on or before 25th of December, next to defray the expense of erecting a suitable monument to the memories of Drs. Horner and Chapman, in the University yard in Philadelphia.—A case is mentioned as having occurred at the Crichton Insane Asylum, in which artificial feeding had been practiced twice a day for three years and two months; and the patient was likely to require a much longer continuance of the same management.—Dr. Tobert de Lamballe, a distinguished physician of Paris, announces that a shock of electricity given to a patient dying from the effects of chloroform, immediately counteracts its influence, and returns the sufferer to life.—David Wilson, who recently died above 100 years of age, was the father of 47 children by 5 wives.—A Mr. Boatright, of Philadelphia, has just been married a tenth time.—It is estimated that probably one man in every four throughout the human race is more or less a smoker of tobacco.—Edward Gimmons, of Ridgeville, Ohio, died of hydrophobia in 48 hours after the developement of the disease—he was bitten by a dog last March.—Small pox is raging at the Sandwich Islands in a more terrific manner than ever was before known.—Nine brothers by the name of Tomlinson, of Clermont County, Ohio, have committed suicide. The last of them was the Rev. Dr. Tomlinson.—A writer in the Picayune traces the yellow fever that now desolates New Orleans, to the men who discharged the cargo of the Ship Adelaide, from Rio Janeiro. He says three successive gangs employed upon that job sickened. He contends that every epidemic of that sort can be traced to importation.—Dr. Pees of Wiesbaden confirms the statement made by several German practitioners of the rapidly curative agency of the carbonate of magnesia in warts.—Dr. Massie of Texas, is engaged in writing a systematic treatise on the theory and practice of medicine, embodying the history and peculiar characters of southern epidemic and endemic diseases, and also their pathology and therapeutics.—At a recent meeting of the Medical Society of Georgia, a resolution was adopted unanimously, to the effect that in the opinion of the society, Dr. C. W. Long, of Athens, Georgia, was the first person who used ether as an anæsthetic agent in surgical operations.—M. Bouriceau announces to the Institute of France, that he has succeeded in inducing leeches to reproduce at the end of their second year, instead of at the usual age of 8 or 10 years.—Dr. Thomas Harris, Chief of the Naval Bureau of Medicine and Surgery has been discharged.—The American Scientific Association met at Cleveland, Ohio, on the 28th of July. Professor Pierce, the Astronomer, succeeded Agassiz, the late president, 200 new members have been admitted.—Dr, Wm. Turner, lately presented a petition to the legislature of New York, praying that physicians may be restrained from drawing blood. That body, by some unaccountable negligence, omitted to pass a law to that effect.—The Sandwich Islands are becoming depopulated, In a given time the number of deaths was to that of births as *six* to *one*.—The post mortem examination of a young lady in Paris, disclosed the fact that three of her ribs had encroached upon the liver to such an extent as to produce death, and she perished of tight lacing.—The deaths in London average about 1000 every week.—A Dr. Brown of New York weighs 408 lbs.—The interments at New Orleans from yellow fever have averaged 225 to 250 daily.—On sawing open a locust log, at Poughkeepsie, N. Y., thought to be one hundred years old, a live toad was found in the centre that weighed seven pounds and a half.—A petition recommending Dr. Bennet Dowler for a Foreign Consulship, was signed by all the members of the City Council, New Orleans, in their session a short time since.

THE

MEDICAL CHRONICLE.

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ORIGINAL COMMUNICATIONS.

ART. XXI.—*On the application of Tincture of Iodine as an Ectrotic Remedy in Small Pox.* By J. Crawford, M.D., Professor of Clinical Medicine, McGill College, and Physician to the Montreal General Hospital.

It is now upwards of nine years since I first recommended the application of tincture of iodine as an ectrotic remedy in small pox, and although I observe that the suggestion has been noticed by Dr. Copland, in his Dictionary of Medicine, and by Dr. Dunglison, in his work on Therapeutics, and also by some others in the United States, I would nevertheless desire again to draw the attention of the medical profession to the benefit that a more extended experience has convinced me would follow a general application of the remedy.

Epidemics of the dangerous malady of small pox, have been fortunately rare amongst us, and therefore the opportunity of further testing this remedy had not been afforded me, till the latter end of the last year, and earlier months of the present, during which period I have had occasion to treat, both in hospital and private practice, several cases of very grave variolous disease, and would desire to lay my further experience before the profession, anxious that a fair trial and just estimate of the application should be made, while I feel fully confident that it will maintain the reputation I have deemed it deserving of. I would here appeal to those who have seen much of the natural small pox, or its effects, how few cases escape pitting and unseemly scars, when the disease is allowed to run its course without interference, and I would also ask, how many attempts have been made in consequence, to supply an ectrotic remedy, and how difficult of application, or disagreeable, and even inefficacious, are any that have been hitherto recommended. The Herculean undertaking of cauterizing the several individual pustules, in severe cases, quite precludes its application. I have reason to think the compound tincture of iodine, a very powerful and efficacious remedy, which has been tried with very satisfactory results in the Montreal General Hos-

pital, by my friend Dr. Campbell, but from my being under the impression that the addition of the hydriodate of potass caused more pain, I have not employed this form. The disagreeable mercurial mask, the inefficacious covering of gold leaf, cotton, or collodion, are now in a great measure laid aside. I stated formerly, on the occasion of my first suggestion of this application, in the Medical Gazette published in this city in 1844, that I was led to try it in small pox from the very marked benefit I had derived from its use in erysipelas, and various other cutaneous diseases, for several years previously. I was then satisfied of its *antiphlogistic* powers and *soothing* effects, and trusted that a more general employment of it in variola would establish its claims to general confidence.

During the late epidemic of variola, I have had several opportunities of trying its powers, and my cases have been observed by many members of the profession, to whom the issue has afforded every satisfaction. I have reason also to know, that several medical practitioners have followed my example with success, while others have made only a very *imperfect* and *insufficient occasional* application, which neither could afford a satisfactory result, nor determine the advantages derivable from it.

I have been favored with the opinion of several physicians of this city, of the highest standing in the profession, on the advantage of using this remedy, which I subjoin.

The application I have used is a saturated solution of iodine, in spirit of wine, *which is to be brushed freely over the face once or twice daily, from the earliest day of the eruption that is practicable, and continuing the repetition of the application daily, or oftener, during the period of the maturation of the pustules. The earlier the application is commenced, the more efficacious it proves. The inflammatory and ulcerative processes are controlled, and the intolerable itching relieved,* by which means *scratching,* and its evil consequences, are obviated. For some time I was disposed to confine the application to the face, as being the part most disposed to ulceration and pitting, as well as that, most desirable to be preserved from marks. I have, however, on many occasions applied it to various other parts, for the sake of experiment, or contrast, and also to relieve the intolerable pruritus, and have even extended it over nearly the whole body, at the patient's desire, without any evil consequence or inconvenience from the most extended application. The relief it affords to the itching, (if it conferred no other boon), would of itself be a sufficient recommendation of the application. Its antiphlogistic and febrifuge properties, however, are very manifest, and I have no doubt *modify* and *moderate* the *fever*, and thereby operate in a most salutary manner. The medical treatment I have combined with it is so simple and mild, that a great deal cannot be attributed to it; being merely small doses of calomel and

Dover's powder occasionally, during the day, and at night, as a sedative. When pits are left, I have observed that they principally occur on the nose, and I am inclined to think that this may in some degree be owing to the insufficiency of the application to this sensitive part, or from the disagreeable vapor causing irritation of the chneiderian membrane, or eyes, which makes the patient more desirous to escape from its application; but even this inconvenience may be easily obviated, by keeping the eyes shut, and, if requisite, stopping the nostrils.

The immediate effect of the application is pain, which is more complained of by some than by others. It speedily subsides, and gradually abates in severity, after the first few applications; and the relief to the itching it affords is so gratifying to the patient, and the effects so manifest to the friends, that they always remark the contrast of the parts "painted," with those left "unpainted;" and frequently request a further extension of the application. I will record very briefly, a few of the cases, some of which were treated in the Montreal General Hospital, and some in my private practice:—

Case 1.—*Variola Discreta.*—J. H., aged 19, admitted into the Montreal General Hospital on the 31st October, 1852, under my care, on the third day of a variolous eruption, which covered the face and limbs very profusely, although distinct. The face was swelled, the tongue covered by a pustular eruption, and there was salivation. The initiatory fever had been severe. He complained much of the itchiness of the face, his pulse was full and frequent. He was ordered to be painted over the face, and to have small doses of calomel and Dover's powder 3 times a-day. One of his arms was also painted for the object of comparison with the other. These parts soon exhibited a marked contrast from those left unpainted. The pustules remained small and formed thin scabs, which fell off early, and left the subjacent parts free from pits. Although this case was grave, there was no bad symptom. It was seen by several medical gentlemen, who expressed their satisfaction and conviction of the beneficial effects of the iodine, and that it had prevented pitting and marks. Some weeks after convalescence, his face was quite smooth. The patient was uncertain whether he had been previously vaccinated.

Case 2.—*Semi-confluent Small Pox.*—E. B., aged 19, admitted into the Montreal General Hospital, 30th November, 1852, on the second day of variolous eruption, which had been preceded by high fever, vomiting, epigastric and lumbar pains. It was copious on the face, which was much swelled, his spirits good, slept tolerably well, and without delirium. Eruption became very profuse over the limbs, and confluent on some parts, areola bright. The fever was moderate. Ordered to be painted with tincture of iodine, and to have the calomel and Dover. The crust formed a complete mask over the face, but was thin. The buccal mu-

cous membrane did not appear to be involved in the eruption. The application was made daily, and the case progressed favorably. There were no depressions or marks left on the face. The iodine was also applied to different parts of the body to relieve the itching with very satisfactory results. Did not know whether he had been previously vaccinated.

Case 3.—*Semi-confluent.*—M. M., ætat 7, (private patient,) to whom I was called on the second day of eruption, which had been preceded by smart fever and vomiting. The eruption was profuse, but distinct, over the face and extremities, with few pustules on the body, the mucous membrane free from it. The patient was said to have been vaccinated. She was ordered, as usual, to be painted. She did not make much complaint of the application, although of such tender years. The pustules on the painted part remained small and flat, quite unlike the other parts. Several pustules on the limbs became confluent—the areola rosy. On the 9th day, some of the pustules on the limbs had a hemorrhagic appearance, the scabs on the face were thin, and the secondary fever light. There was little swelling of the face, and no salivation. About the 10th day, she was attacked by rheumatic pains and swelling of the ankles and knees. Her bowels became disturbed for some days; an abscess formed at the ankles, elbow and axilla; these were discharged. Her strength was supported from an early period by nutriitous diet—beef tea, arrow root, wine and quinine. About the 21st day of the eruption she began to cough, accompanied by a mucous rale, and profuse expectoration, with great dyspnœa at intervals. An emetic, a sinapism, and pediluvium relieved her for the time. The mucous secretion continued profuse, and her strength failed, and she sank on the 31st day. There were only a few small *superficial* pits on her face, which would not have been very observable had she lived. The irritation from the rheumatism, and the discharge from the several abscesses, together with the profuse tenacious bronchial discharge, and consequent orthopnea, carried her off. The case would otherwise have been very satisfactory, although the application was commenced later than was desirable.

Case 4.—*Semi-confluent Variola.*—Miss E. M., aged about 18, (private patient), after smart fever, accompanied by severe epigastric pain, intolerance of light, redness of the conjunctiva, and slight sore throat, an eruption of papulæ appeared on the face and wrists. I saw her on the second day of eruption, when it was thickly out over the face and limbs. It soon spread over the whole body, and was very profuse, but kept distinct, except at a few parts. The iodine was applied to the face and back, with so much relief to the patient, from the itching, that she on many occasions made her sister apply it to various parts; in fact I might say it was used all over her body, which circumstance she confessed after

her convalescence. The secondary fever was severe, accompanied by much gastric irritation. There was also a good deal of suffering from a rheumatic affection of her wrists and ankles, which rendered her very helpless. She, however, got well, without any farther troublesome symptom. The scabs were thick, and remained a long time on the right side of her nose, which (as was remarked by her sister) had been less assiduously painted, from that side being turned to the wall, and inconvenient to get at. On this part there remain several small superficial depressions, and the forehead has some very slight marks, only discernible *en profile*, which I expect will not be perceptible in a little time. The face is pale and without any stain, and generally quite smooth. The case was very severe and was seen by several medical gentlemen, who expressed their satisfaction of the efficacy of the remedy. It is doubtful if this patient went through regular vaccinia.

Case 5.—R. C., ætat 15. I was called to this case on the 5th day of the eruption. The girl had been under the care of a medical practitioner, who had not applied the iodine, although it was suggested to him by the priest, who had seen its advantages in the previous case. The eruption over the face was flat and ill-filled. Although profuse, it was distinct over the body. She was a delicate, dwârfish girl, subject to splenitis. At the period I saw her, she was very weak, depressed in spirits, and sleepless. She was ordered a small quantity of wine and water, and beef tea frequently, calomel and Dover's powder, and to have the face painted. Although the expectation of benefit was much lessened, by the late period of the application, it caused, as usual, some pain, but at the same time afforded so much relief from the itching, that she frequently desired its reapplication. The eruption became confluent on several patches on the limbs; but little eruption on the body. The face swelled, and there was salivation. The scab on the face formed a complete mask, but not very thick. Her spirits revived, and her strength was maintained by wine and soups. Her feet, legs and wrists became painful and swelled. She, however, recovered well in about three weeks. There remain several small superficial pits on the face, which could not well be otherwise, as the application was so late in being applied, and a mark of a scratch she made before the iodine was applied. But they are evidently very much modified even by the late use of the remedy, and the relief to the itching derived from it was manifest, from her often desiring its application and extension over other parts. Several boils took place on different parts, but she soon recovered. This patient had never been vaccinated. Her eldest sister was vaccinated during the progress of the case, and passed through the stages, in a satisfactory manner.

Case 6.—*Variola confluenta.*—A. A., ætat. 15, a delicate looking boy,

had never been vaccinated, nor any of his family, three of whom were vaccinated on the occasion of my being called to see him, and all passed through the regular stages in a satisfactory manner. This boy had, a short time before his illness, received a visit from a young friend, just recovered from an attack of variola. The primary fever and epigastric pain were pretty severe. The eruption was profuse over his face and extremities when I saw him on the second day. The iodine was applied in an unsatisfactory manner, from the interference of the patient and his mother. The eruption soon became very profuse, and confluent on many parts. The tongue and fauces were covered by ulcers; the voice scarcely audible; some cough and expectoration. The iodine produced such a soothing and satisfactory effect, that he soon desired its reapplication, and it was extended to various parts to relieve the itching. The case, although very severe, went on well. Secondary fever was high, and there was much distress from the mucous membrane of the larynx, and from the pustules on the scrotum, and pains of his hands and soles of his feet, which were covered with pustules. He also suffered from rheumatism of the ankles and wrists, which were much swollen. The Dover and calomel afforded him relief and sleep at night. Beef tea and arrow root were ordered from the earliest day, and latterly wine and quinine. He was convalescent in three weeks, and able to sit up, in good spirits, saying he could dance with nurse, if the sores on his feet did not prevent him. Scarcely a trace of pit or depression being left on the face, whilst the parts unpainted showed numerous pits. On the 23rd day from the appearance of the variolous eruption, an erysipelatous blush appeared on the forehead, and a similar one on the knee. An abscess formed in the axilla, and also on the eyelid and ankle. His back also became painful, and affected by erysipelas, and a smart fever supervened. His bowels discharged large quantities of ochrey looking fermenting and very offensive evacuations, for three or four days, when the fever and erysipelas subsided. About the 30th day the fever returned and assumed a typhoid type; dark, black, dry tongue; muttering delirium, subsultus tendinum, &c. &c. He continued in this precarious state for a week, when he became quite intellectual, and able to tell his wants, and good hopes were entertained of his recovery, when suddenly, after two days of this favorable state, he was seized with dyspnœa and hurried breathing, and died in a few hours. The treatment is omitted, as not being an object on the present occasion. The most satisfactory results were observed to attend the use of the iodine, both by allaying the irritation and preventing marks, scarcely any being perceptible. This case was seen by Dr. Campbell, in consultation, and by others, to witness the effects of the remedy.

I have treated several other slighter cases, in which the iodine was used in all with marked benefit in relieving the itching, and in all pro-

bability preventing pitting, as even in cases where the eruption is sparse, pitting may follow. I have also seen several severe cases in which it was tried in the Montreal General Hospital, under the care of other physicians, with the most satisfactory results, a summary of which accompanies this notice.

I think I may add without overrating the advantages of the application, that being a powerful antiphlogistic, while it lowers the inflammatory action, it thereby controls the general fever, and moderates the risk and mortality from the secondary fever.

The two fatal cases which I had during the present epidemic, being evidently rendered so by other causes than variola, namely, in one, by erysipelas and typhus fever, supervening during convalescence, on the 31st day after the appearance of the variolous eruption. The other fatal case was carried off on the 30th day by continued irritation, and wasting from rheumatism, abscess and bronchitis, with profuse mucous discharge.

I have very great pleasure and satisfaction in adding the testimony of Dr. Bergin, of Cornwall, to the beneficial effects of iodine in small pox; who had in 1849 an opportunity of using it on a very extended scale, such as rarely is the lot of any individual in this country. The following summary, which is founded on returns made to the Hon. Colonel Bruce, Superintendent General of Indian affairs, is very brief, but it comprehends all that can be desired in support of the claim of this application, as an ectrotic remedy. Dr. B. had witnessed the early experiments I had made on this subject, during his pupilage in Montreal, and gladly availed himself of the unusual opportunity he had, when employed by the Colonial Government, to afford his professional aid, to a tribe of Iriquois Indians at St. Regis, on the banks of the St. Lawrence.

He briefly states, "I have treated 300 cases of small pox among the Iriquois Indians at St. Regis, during an epidemic in 1849. Of these 200 were very severe, either confluent or partially so, and to whom iodine was applied, as follows:—The whole face was painted, daily from the earliest day that it could be done in *eighty-five cases* of confluent, or semi-confluent small pox, out of which *only seven exhibited any marks and these were slight*. *Half the face* was painted in *seventy* cases of grave disease; of these, *sixty-one were free from any marks on the painted side*, five were badly pitted, and four slightly, on the painted side, while the *unpainted* side had numerous marks and pits, exhibiting a very striking and marked contrast, 50 cases were painted at different periods, during the maturation of the pustules, upon which the tincture did not appear to have much influence. There were eight cases of variola modificata. Twelve of the cases terminated fatally, one of which was of an hæmorrhagic type.

I need scarcely add, that I am fully convinced of the beneficial effects

of tincture of iodine, not only as a powerful ectrotic remedy, but also as a very efficacious means of controlling the irritation and itching, and thereby not only relieving the suffering of the patient, but also removing the involuntary and irresistible disposition to scratch, and the consequent production of wheals and scars. I am also of opinion that it moderates the febrile action, and thereby the danger. I have used a small quantity of hydriodate of potass to aid in the solution of the iodine.

I freely confess that I conceive I would not be doing justice and my duty to my patient, if I omitted to apply this remedy on any future occasion. It should be commenced at the earliest day of the eruption, and continued daily for a week. I may add that I have been applied to, on many occasions, for iodine, by Indians from the Racquett River, to whom I could not afford further aid. The cases were generally of a very grave type and it appears to me that the Indian constitution, like the Negro, suffers severely from this malady."

Besides the several medical gentlemen who saw these cases, during their progress, and subsequently, after convalescense, I had the pleasure of showing such of the patients who had passed through the ordeal as I could meet with, to Dr. Marshall Hall, of London, during his visit to Montreal. Two of these (numbers 4 and 5) will be admitted not to have been selected as favorable specimens, not only from their severity, but also for one not having been seen by me till the 5th day, consequently not having had the application made till a late period, in fact these cases presented more marks than any other I had. Dr. M. Hall has kindly favored me with his opinion as follows:

From Marshall Hall, M.D., F.R.S., &c.

I have seen with much satisfaction several patients who had been afflicted by variola, and treated by Dr. Crawford by the application of the tincture of iodine. The superficial pits I noticed appeared to me to be so numerous and crowded, that confluence and deep and lengthened scars must have taken place, but for the effectual abortive treatment by the iodine; and I cannot but think this a most valuable application in such cases.

Extract from a note from W. Henry, Esq., M.D., Inspector General of Military Hospitals.

Since I received your communication on the use of tr. iodine as an ectrotic in small pox, I have directed it to be used, and careful minutes taken, in about a dozen bad cases of small pox in Military Hospitals, several of which I watched myself. I also observed the practice last year in two of your patients in the Montreal General Hospital.

In some of the military cases, the tincture was employed, but in the greater number a liniment was used, composed of powdered iodine and olive oil, in the proportion of a drachm of the former to an ounce of oil. I prefer this to the tincture for external use, because it adheres to the skin better and is not so easily evaporated.

I entertain no doubt of the great value of iodine in this practice. It appears to check the deepening and developing of the pustules, to prevent their confluence, and to lessen materially the cutaneous inflammation in the interpustular spaces. Though last not least, by stopping the deepening of the pustules it prevents subsequent disfigurement by pock-marks.

Extract from a note from P. W. Maclagan, M.D., Surgeon, XXth Regt.

I have employed the tincture of iodine in four cases of small pox, one of them semi-confluent, the others confluent and hemorrhagic. One which you saw terminated fatally, but the poor man felt great relief from the application, and earnestly begged its repetition more than once.

The others are decidedly less deeply marked than might have been expected. Indeed, the superficial traces which remain will, I doubt not, disappear entirely. One of my patients complained a good deal of the smarting, for an hour or two after the iodine was applied; but the remainder made mention only of the smell of it—rather I suspect the irritation of the mucous membrane produced by the vapor.

From George W. Campbell, A.M., M.D., Professor of Surgery, McGill College.

Within the last two months I have tried iodine as an ectrotic in small pox, in the Montreal General Hospital, in four cases; two of them severe cases of confluent small pox, in which the face and eyelids, on the second day of the eruption, were greatly swollen, and entirely covered with incipient pustules. The tincture used was composed of a drachm of iodine to the ounce of alcohol, a few grains iodid. potasse being added to dissolve the iodine. The application was repeated once a day for four or five successive days. No suppuration occurred on the face, and when the mask, formed by the iodine scaled off, there was no pitting, and the face presented a marked contrast to the skin on the limbs and body being perfectly smooth and healed over, long before the scabs had separated in other parts. In neither of the above cases did the constitutional symptoms correspond with the severity of the eruption. There was no secondary fever and I have no doubt the disease was greatly modified by the ectrotic treatment. In conclusion, I would remark, that I think the strong tincture of iodine employed more effectual and less painful than the ordinary tincture.

From A. Hall, M.D., Professor of Materia Medica, McGill College.

I have employed tincture of iodine freely both in private and Hospital practice, and from the general good results which I have witnessed following its timely application, I deem it an essential part of the treatment in that complaint. Of the various ectrotics which have been suggested, I consider it incomparably the best.

Shortly after you first suggested its use, I admitted into my wards at the Montreal General Hospital, a young woman, laboring under a severe attack of variola discreta. Doubting the efficacy of the tincture, but desirous of testing its value, I ordered its application to the left side of the face, neck and arms. On recovery, these parts presented scarcely the appearance of a cicatrix, while the collateral portions were severely

marked by the disease. I regarded this as an unequivocal demonstration of the value of its practice, although I deeply regretted afterwards that my doubts had suggested such a mode of experiment.

I agree with the view which you have expressed that success depends on as early an application of the tincture as possible, and a steady repetition of it during the maturating period of the disease. In females I have extended the application of it, over the breast, as well as over the face, and I have been rarely disappointed in my expectations.

I regard the use of iodine as a decided improvement in the treatment of small pox; and I am happy to bear my testimony to its value, and to the obligation under which society is to you as its suggester.

CASES OF VARIOLA, TREATED WITH TINCTURE OF IODINE, IN THE MONTREAL GENERAL HOSPITAL.

TABULATED BY JOHN REDDY, M.D., L.R.C.S.I., HOUSE SURGEON.

Initials.	Age.	Day Tinct. 1st applied.	Character.	Days in Hosp.	Complication.	Remarks, &c.
E. B....	15	2	C.	30	Mild Conjunctivitis.	Very severe; slight superficial pitting near point of nose.
J. J.....	25	1	C.	57	Furunculus.	Do. do. do. over forehead and side of nose.
J. H....	19	2	Coh.	20	Diarrhœa.	Not marked.
J. G.....	17	2	Coh.	35	Bronchitis.	Do.
J. M....	20	1	Coh.	15	Mild Conjunctivitis.	Do.
J. M....	21	2	D.	25	Acute Conjunctivitis	Do.
W. C....	40	3	C.	46	Hemorrhoids.	Slightly marked upon nose and centre of each cheek.
S. H. B..	19	1	D.	21	None.	Not marked.
R. W. ..	17	2	D.	17	Bronchitis.	Do.
E. C....	3	2	D.	35	Do.	Do.
R. L....	17	1	D.	39	None.	Very severe; one or two superficial marks upon the face.
J. C.....	17	2	D.	23	Do.	Not marked.
L. C....	19	2	Coh.	33	Do.	Severe; slight superficial marking.
P. McC.	20	2	D.	9	Do.	Not marked.
A. McK.	4	2	D.	10	Do.	Do.
H. O....	45	1	D.	35	Do.	Do.
H. B....	20	2	D.	12	Do.	Do.
A. T....	12	1	D.	30	Do.	Do.
C. B....	7	1	D.	23	Do.	Do.
P. B....	2	2	D.	26	Do.	Rubbed the face; superficial marking very slight on forehead.
H. O'N..	5	1	D.	30	Do.	Not marked.
M. A. B.	9	1	D.	30	Do.	Do.
M. F....	24	1	D.	25	Do.	Very superficial on forehead.
H. W....	36	1	C.	25	Furunculus.	Extremely severe; no marks.
D. C....	25	2	Coh.	45	Do.	Half the face painted; no difference in the sides.
K. H....	20	1	D.	25	None.	Not marked.
J. F.....	5 mon.	1	D.	20	Do.	Do.
F. R....	18	2	D.	14	Do.	Do.
C. S.....	35	1	D.	14	Do.	Do.
H. S.....	43	1	D.	12	Do.	Do.
J. L.....	35	2	Coh.	12	Do.	Do.
J. W....	22	2	D.	13	Do.	Do.

N. B.—C., Confluent; Coh., Coherent; D., Discreta.

In addition to the foregoing remarks, I have only to add that I am of opinion that the Tincture of Iodine is a powerful ectrotic, and the best I am acquainted with, and removes the variolous itching which is so distressing to the patient. J. REDDY.

[The preceding communication affords conclusive evidence of the efficiency of iodine as a local application in small pox. We could have subscribed our humble testimony of its virtues with great propriety, since for 10 years we have had the privilege of witnessing a very large number of instances in which iodine has been employed. We refrain, however from doing so, because it would be superfluous, as our opinions concerning it are identical with those that have been advanced by some of the most eminent physicians of this city, both military and civilian. We cannot help remarking, however, that the vaccine discovery and the iodine discovery meet upon a common ground, as both are intended to avert the evils of the same disease—the one lessens its mortality, the other its disfigurement—the one simplifies its type, the other ameliorates its symptoms.—EDS.]

ART. XXII.—*Clinical selections.* By WM. WRIGHT, M.D., L.R.C.S.E., Professor of Medical Jurisprudence University McGill College, &c.

I. *Traumatic pneumothorax and emphysema from fractured ribs.*

CASE.

John McCann, while carting manure on Saturday morning, 3rd Sept., 1853, was leading his horse along a narrow street to avoid a hole, when, suddenly, from the animal "outrunning" him, he was jerked against the shaft and forcibly impelled back between it and some adjoining buildings, by which his chest was severely compressed. He felt stifling, very faint, and a sensation as if something had given way in his inside. He was speedily rescued from his perilous situation by some friends, who conveyed him in a cab from the place of the accident, near the jail, to his master's residence in McGill Street. The jolting distressed him greatly, and when he breathed, he distinctly felt his ribs move as if broken. My friend, Dr. R. P. Howard, was sent for and found him cold, almost pulseless, breathing laboriously and in great agony. He remarked that the right side of the chest was emphysematous, and detected fracture of the subjacent ribs. By his advice, a roller was put round the chest, and the man sent to the Montreal General Hospital, where, on admission, he was so low as to require the exhibition of wine. Being in attendance, I saw him shortly afterwards at the visiting hour and observed him raised in bed; suffering under excessive dyspnœa; thoracic and cervical integuments emphysematous; pulse small, weak and frequent, though improved since entrance; skin cool; feeling much prostrated, and

complaining of pain in the side. The stimulants were discontinued, and directions left for bleeding him in the afternoon when the pulse became sufficiently strong and the reaction, then beginning, tended to excess. He was an able-bodied man of middle-age. R. Pulv. ipecac comp. gr. iij. pulv jacobi ver gr. ij. hydr chlorid gr. iss. m. ft. pulv. secunda quaque hora sumend.

4th. Was bled yesterday about 4, p.m., to ʒxv.; feels easier; breathing less hurried and not so painful; maintains semi-recumbent posture; right side of neck and face on same plane from the emphysema, which has extended down the arms; stethescope when used makes a pit in the thoracic integuments nearly an inch deep; respiratory murmur weak and distant; percussion elicits a tympanitic sound all over the right side. No sign of pleuritis or pneumonia; pulse small, soft and 92; bowels not moved for two or three days. Habt. scammon gr. xv. calomel gr. v. statim.

5th. Less restless than on the previous night; slept some this morning; bowels not moved by medicine and he was given an enema, containing an ounce of castor oil a few hours ago, which produced one copious evacuation; pulse rather fuller and 112; slight cough; no expectoration; cheeks purplish; emphysema extended to lower part of face; skin hot; side sore from injury but no deep-seated or lacinating pain; faint mercurial fetor. Only to take one powder every four hours and at the omitted time ʒss. of the following mixture:—Potas nitr ʒij. potas cyanid gr. ij. tr. aconit ʒss. aquæ ʒij.

6th. Bowels have been very freely and often moved since yesterday evening; was given this morning a dose of mist. cretæ co., since which they have been less disturbed; motions dark bilious and liuqid; feels greatly relieved; dyspnœa lessened, can lie in the recumbent posture without distress; cough abated; emphysema materially reduced; tympanitic resonance of chest dimininished; pulse soft, 90. The bandage was removed to examine the condition of the lung when the integument of the right side below the scapula, for the extent of two hands' breadth, was found ecchymosed; over this, the seat of injury, respiratory murmur faintly audible; but no other stethescopic phenomenon discoverable.

7th. Still improving; slept well; breathes tranquilly; pulse 86; bowels not loose; complains of soreness of mouth. Quantity of calomel in each powder reduced to gr. ss.

8th. Feels lieing wearisome and the bruise sore; did not rest so refreshingly last night, but looks well and at ease; discoloration of cheeks gone; no longer dyspnœa; lies easily in bed and requires no elevation; bowels natural; pulse 80. Omit powders and add to mixture antim tartr gr. ij. sol. morphiœ (gij. ad. ʒj;) ʒss.; dose as before.

9th. Progressing favorably, to sit up in bed supported by chair back; half diet.

10th. Emphysema gradually disappearing; pulse 80; volume very small. Omit aconite in mixture.

13th. Scarcely a trace of emphysema; difference in the resonance of the two sides of the chest hardly appreciable; natural respiratory murmur heard over right lung; tongue clean; bowels regular; breathing natural; pulse 80 and of proper size. Omit pot. nitr. et. pot. cyanid in mixture; to have clothes and mutton chop.

15th. Sat up yesterday for three hours; ecchymosis disappearing. 9th and 10th ribs plainly felt to be thicker and broader about the juncture of the anterior with the middle third, they alone seem to have been broken. Wished for potatoes, allowed two.

17th. No evidence of former emphysema; both sides of chest sound alike on percussion; respiration not attended by any abnormal murmur; feels perfectly well, with the exception of a slight soreness in the side where he was hurt.

18th. Omitted mixture.

19th. Discharged.

23rd. Came to the Hospital to tell us that he had been gradually gaining strength till yesterday, when his bowels were slightly disordered by some mutton he had eaten on the previous day. Careful examination of the side confirms the opinion derived from last report of the sound state of the lung and the seat of the fracture. The bruise mark is fast fading, and will cease to be visible after a few days.

OBSERVATIONS.

The preceding case exhibits the consequences that may follow the application of violence to the chest. Its symptoms are clear expressions of the lesions present—the broken ribs—the wounded pleura and lung—while its history marks the connection between them and the order of their occurrence.

The nature of the exciting cause, and the part to which it is applied, have an important bearing on the establishment or not of complications in fractured ribs. Here a pointed shaft was forcibly impelled against the arch of the ribs, while the chest was fixed, so that injury to the contained viscera was inevitable. This however might have been averted, had the cause been less impulsive, and applied nearer to the extremities of the ribs, for as these bones usually give way in the one part, the broken ends would then have been spurred out, instead of being bent in.

The supervention of emphysema after severe injury of the chest, does not, as is supposed, necessarily imply the existence of fracture. Mr. Iliff reported in 1840, to the London Medical Society, a very singular case illustrative of this, seen by Mr. Lawrence and himself. A gentle-

man, desirous of making the elephant at a Zoological Garden perform some feats, in the absence of the keeper, entered its den, when the animal pressed its curled trunk upon his breast, and confined him against a post on either side by means of its tusks. From this dangerous position he was rescued, but in great collapse, and partly unconscious, with general emphysema of the entire thoracic region. No pulmonary symptoms were present: and at the time and subsequently when most carefully examined, no rib could be found broken. Gooch mentions among his surgical cases an instance like the above of emphysema following violence applied to the chest, where no fracture of the rib occurred, in which the fact was established by a post mortem held a few days after the accident. Emphysema, moreover, may be developed at some remote period after the reception of an injury to the chest, and is then distinguishable from the primary forms, by its occurrence being entirely unconnected with any pulmonary lesion. Such very rare cases, although not readily intelligible, seem to be reducible to two distinct classes; in the one, blood has been extravasated in considerable quantity beneath the integuments, and instead of being absorbed, suffers decomposition, so that gas is generated about the bruised part from which it may extend for a considerable distance; in the other, no blood has been extravasated, but the gas separates from it during its circulation leaves the vessels and fills up the cellular tissue. This last class is very much akin to the cases of various diseases which have been recorded where towards the latter stages emphysema appeared without any affection of the lungs, and was apparently due to impaired innervation, and disintegration of the blood into its gaseous constituents.

Pneumothorax, so evident in this case, is of great importance in diagnosis as it is not present in every case of emphysema from fractured ribs; for if the two pleuræ be adherent and their cavity obliterated by anterior Pleuritis, the air will pass from the lung directly through them into the cellular tissue of the parietes, as there is no preliminary space to fill up. When, therefore, pneumothorax is present, it is known that the pleural cavity exists and the membrane is not connected with former adhesions. This symptom was the real cause of distress and danger in the above case, the emphysema so much more apparent was a minor and subsidiary one. In similar cases, Hewson proposed puncturing the chest to let out the air, but one trial convinced him of the impropriety of the operation, since it substituted the pressure of the atmosphere for that of the confined air.

Fortunately for the patient, the breach in the pleura and lung healed without the occurrence of pleuritis and pneumonia sufficiently extensive to set forth manifestations of their presence. This immunity is referrable in part to certain physical conditions consequent upon the injury.

One great reason of the extension of pleuritis is the friction of the dry pleural surfaces against each other, and when serous effusion occurs to interrupt this the disease is either arrested or ameliorated. The present instance was circumstanced somewhat similarly. The pleuræ were widely separated by ærial accumulation, so that friction of the one on the other was prevented. In like manner, the warding off of pneumonia might be ascribed to the collapsed condition of the lung, and the constant pressure that was exerted upon its surface, for, as then, it contained less blood and its vessels were smaller than normal; it was placed under circumstances opposed to the developement and nurturing of inflammation. This anœmic state of the lung, together with the lacerated character of the wound and the depressed state of the patient after the injury, may also serve to explain the absence of hæmoptysis—a symptom by which many surgeons believe wound of the lung is invariably attended.

ART. XXIII.—*A few observations on chloroform.* By William Hales Hingston, M.D., L.R.C.S.E., Member of the German Society of Naturalists and Physicians, Member of the Société Médical Allemande de Paris, &c.

As an announcement to the effect that M. de Lamballe had discovered an antidote for over doses of chloroform, has lately been made to the profession, and as it is one of the gravest importance to every member of it, I would beg leave to offer a few remarks on the proper treatment in cases of poisoning by chloroform.

This gentleman has stated that a shock of electricity given to a patient dying of chloroform immediately counteracts its influence and returns the sufferer to life. It is not I confess, without considerable hesitation, that I venture to oppose the verdict given so emphatically in favour of electricity. Yet in a profession such as ours, there is no one placed beyond the reach of contradiction, and the opinion of *every* member is entitled to consideration, however circumscribed his reputation or however humble his professional position may be.

That M. J. de L. is a high authority on some subjects connected with medicine and surgery, I do not pretend to deny. As one of the surgeons to the Hotel Dieu of Paris, his field of observation is varied and extensive, and his opportunities of investigation are consequently great, while his treatises on vesico uterine, vesico-utero vaginal, entero vaginal, and recto vaginal fistulas, entitle him to some respect as an author, although his readers *have* frequently to complain that they could not obtain the results he boasted of so triumphantly. Perhaps here again, he has been

more fortunate than others in arresting the hand of impending death. Indeed, from the manner in which he announces his discovery to the world, one might reasonably suppose that a patient could not possibly die if an electrical apparatus was within reach. That two or three drachms, or as many ounces, are doses equally safe, for that death could be cheated of its victim, even when the heart had ceased to pulsate, and respiration had gone. Glorious news *if true*.

My notes furnish me with instances in which much valuable time was lost, in attempting to restore animation by electric shocks. The first occurred in the *Policlinique* of Berlin. This patient, a stout healthy man, was put under the influence of chloroform, in order to relax the muscles of the hand. All at once, he ceased to breathe. A large electrical apparatus was brought from the adjoining room, and a powerful current transmitted through him. This produced *no effect*, Artificial respiration was then resorted to, and in less than four minutes the patient recovered.—There can be no doubt but that death would have taken place, had electricity been continued, and artificial respiration neglected.

A second (which I have alluded to, in a note at the foot of page 110 in the September number of your journal) although not so happy in its results, is equally illustrative of the inferiority of electricity to artificial respiration. Electricity, in that instance the first means resorted to, was continued nearly five minutes by means of wires attached to needles, which were inserted into the skin over the pectoral muscles, but to no purpose. I was standing at the time, with the surgeon (Professor Juncken), and at the risk of being thought officious, pressed with all my force against the chest, and continued it some time. The patient in the meanwhile made several voluntary or unassisted inspirations, but eventually died. I am firmly of belief, that had the chest been forcibly compressed *at first*, the patient would have recovered.

These two instances, though not conclusive, go far to prove the advantage artificial respiration possesses over electricity, Add to this, that while the latter admits of universal employment, the former is expensive, of inconvenient size, and difficult of carriage.

Moreover, compression of the chest is the very means indicated in cases of suspended animation—death from chloroform beginning at the lungs. As a proof, respiration in some instances having ceased some seconds before the heart's action had been arrested. A very important lesson is thereby taught, namely, not to rest satisfied with the regular beating of the pulse, but to attend carefully at the same time to the movements of the chest.

There cannot possibly be any harm in employing electricity as an *auxiliary* means. It may do good. The only danger is, that while electricity is being employed, other and more certain aid would be neglected. To guard against which is the sole object of these remarks.

Montreal, October 1853.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XII.—*Practical Observations on Aural Surgery, and the Nature and Treatment of Diseases of the Ear, with Illustrations.* By WILLIAM R. WILDE, Fellow of the Royal College of Surgeons in Ireland; Surgeon to St. Mark's Ophthalmic Hospital; Honorary Member of the Royal Medical Society of Stockholm, &c. &c. Philadelphia: Blanchard & Lea. Montreal: B. Dawson.

A writer in Forbes' Medical Review, for January, 1837, thus speaks of the state of Aural Surgery in Great Britain at that time:—"In England, the state of medical science relating to the ear, and the art of the aurist generally, are in a condition vastly inferior to the same branches in France, and even in Germany." In 1853, thanks to the talents and energies of a Toynbee and a Wilde, the English school has, in this department of surgery, completely retrieved its character for original research; and British aurists may now stand second to no other for the extent and correctness of their knowledge of the anatomy, physiology and pathology of the ear. Much, however, as has been brought to light by the persevering investigations of these gentlemen, and their continental contemporaries, Deleau, Kramer, Itard and Lincke, we may still regard ourselves as being scarcely beyond the threshold of the enquiry into the diseases of the acoustic apparatus; but, should the next ten years exhibit as great an advance on our present knowledge of these affections, as the last decennium exhibits over the information existent during the currency of its predecessor, we will have little to desire in regard to our knowledge either of the nature of the diseases or their treatment.

Since the time of Hippocrates down to a very recent period, there appears to have been a settled belief among the profession that it was altogether useless to attempt an investigation of diseases of the ear with a view to their classification and proper treatment. Certain remedies for deafness, noises in the ear, pain in the ear, and discharge from the ear, have been handed down from one generation of physicians to another, and faithfully applied in all cases, without the least regard to the pathological state which produced these symptoms. True, in earlier times they were incapable, through ignorance, of diagnosing these states; but even now, with our increased knowledge of the subject, how much of empiricism is there in the aural practice of the profession generally. How seldom is an ear speculum found in the possession of a surgeon: a certain sign, in our estimation, that such a one follows out a routine plan of treatment in diseases of the ear; for, in the vast majority of

cases, a positive diagnosis cannot be made, unless a careful examination of the membrana tympani and external auditory passage be first instituted. When, therefore, a patient complains of "singing in the ears," it is immediately attributed to an accumulation of wax, and the ear is consequently syringed without mercy. When deafness is complained of, purging, blistering behind the ear, and various stimulant applications to the external passage, are had recourse to. "The old popular superstition," says Mr. Wilde, "of placing in the meatus a little black wool, procured from the left fore-foot of a six-year-old black ram, is still extensively resorted to." And we have frequently seen him patiently remove from the ears of persons presenting themselves at St. Mark's Hospital, numerous particles of black wool which were adhering to the sides of the meatus, and sometimes to the surface of the membrana tympani. When the symptom of pain in the ear is present, then it must be otalgia, and laudanum and oil are dropped into the ear instanter.

In the first chapter, Mr. Wilde enters very fully into the bibliography of his subject, and while, with characteristic generosity, he gives credit to whom credit is due, he does not spare those whose opinions savour in the least of quackery. Turnbull and his reviewers, we perceive, come in for a dose of keen satirical criticism, which, to say the least, they richly deserve. This gentleman published a work in 1837, in which he recommended, as a "cure for deafness," the application of veratria to the meatus and parts around the auricle. Most astonishing cures were reported as having been effected by this mode of treatment. Not only was the hearing of persons, afflicted with deafness the result of disease, restored; but, more wonderful still, deaf mutes, born into the world with the avenues of hearing locked up, and the organ of speech silent, were made both to hear and speak! These miracles, for less they cannot be considered, were asserted by respectable journalists as having been performed through the agency of the alkaloid; and Dr. Turnbull was all but canonized, by Chambers' Journal, for curing the deaf and dumb. The history of the veratria cure affords another lamentable instance of how unprofessional men, of great intellectual abilities, will allow their prejudices to get the better of their judgment whenever they form incorrect conclusions on subjects connected with the practice of medicine.

Glycerine, first introduced to the notice of the profession by Mr. Wakley, has been extensively employed during the last four years in various affections of the ear. To the routinist it proved a very acceptable windfall. Was the integument of the meatus dry or moist, scaly or thickened; was there an increase or decrease in the secretion of the ceruminous glands, glycerine must be applied. Was the membrana tympani imperforate or complete, thickened and pale, or thickened and

vascular, ulcerated or granulated, glycerine was the remedy. No matter how opposite the pathological conditions might be, it was all the same to him. There was something the matter with the organ of hearing, therefore glycerine must have a trial. Mr. Wilde believes that the cases in which glycerine is indicated are comparatively rare. "There are, however, cases in which benefit will be derived from preserving the meatus and external layer of the membrana tympani moist. The effect of such moisture is well known, not only to aural surgeons, but to patients themselves who are in the habit of applying a little oil or even water upon the point of the finger to the external meatus whenever they find their hearing particularly defective; and in such cases this remedy, from its remarkable property of remaining fluid, when most other liquids evaporate, will be found useful." (p. 71).

Chapter II., on "Means of Diagnosis and Application of Remedies," ought to be carefully studied by all who have not had the advantage of witnessing clinical practice in aural surgery, and there are many such among the profession in this province, during their studentship or previous to entering on the duties of their profession. We have carefully perused it, and find that it contains an accurate description of the author's method of procedure in examining patients, such as we had the pleasure of seeing him practice in St. Mark's Hospital, while attending his valuable and eminently practical cliniques at that institution. The tubular speculum, ear-forceps and syringe, which are well delineated in Messrs. Blanchard & Lea's American edition, we can fully recommend to our readers, as being better adapted for their several purposes than any other instruments of a similar kind that we know of.

The following is a portion of Mr. Wilde's classification of diseases of the ear. It will serve to show how various and diversified are the affections of this organ; and how necessary it is that practitioners should devote to their study more time and attention than many of them do at present. "Diseases of the external meatus. A. Congenital malformations—Meatus wanting in bone or cartilage, double contracted or tortuous, closed by false membrane, polypus excrescence in. B. Wounds and injuries—Incised wounds, lacerated do, contused do. C. Foreign bodies in. D. Diseases of ceruminous glands—Increase of cerumen, chronic and acute, deficiency of cerumen, alterations in quantity of cerumen. E. Inflammation—Acute, circumscribed, abscess, catarrhal and chronic—otorrhœa, acute diffused—otorrhœa, rheumatic, exanthematous—otorrhœa, gonorrhœal—otorrhœa, periosteal—otorrhœa, and caries. F. Affections of the skin—Eczema and herpes, thickening and morbid growth of cuticle, piligrowth, ulceration. G. Morbid growths and alteration in canal—Collapse, stricture, dilatation, polypus, and granulations, exostosis, morula

and condylomata. H. Fistula. I. Caries. K. Malignant disease—Osteosarcoma, cancer and fungus."

It will be perceived that otorrhœa, or a purulent discharge from the ear, accompanies different diseases of the external auditory passage. There are also various affections of the membrana and cavitas tympani, which result in the production of this disgusting discharge. The prognosis in cases of otorrhœa ought to be very guarded, as it sometimes leads, when neglected, to inflammation of the meninges of the brain, and thus terminates the life of the patient. At the best, it is a most tedious disease, requiring constant and long-continued treatment to effect its eradication. A foolish opinion originating with and fostered by the profession, has long been prevalent among the people, that it is dangerous to interfere with a discharge from the ear. By many it is looked upon as a salutary effort of nature to eject some peccant matter, which, if retained, might be attended with serious results to the individual. Every facility, therefore, in their opinion, should be given to its exit. Others, again, dread a metastasis to the brain, should it be suppressed. Mr. Wilde, after a careful examination of the cases recorded by authors, in which it has been asserted that head symptoms supervened on the arrest of the discharge, says:—"In fine, I have not been able to discover one well-authenticated instance where disease of the head supervened as a consequence of checking otorrhœa in a case where the condition of the ear had been previously ascertained, and that disease of the bone had not existed beforehand." (P. 386.)

In the treatment of otorrhœa, cleanliness should be strictly enforced. The habit of keeping a plug of cotton wool in the ear should be discontinued, as many cases are very much aggravated by the filthiness resulting from the accumulated matter. The ear should be syringed out carefully twice a day, or oftener, with tepid water. "In simple external otorrhœa, I generally paint the surface engaged with a solution of nitrate of silver, ten grains to the ounce, with a fine camel's hair pencil, or a bit of cotton on the end of a probe, which I find far preferable to the old practice of dropping in the solution. This application should be repeated every second day; and every day a slightly astringent lotion may be poured into the ear till it fills up the meatus, allowed to remain there for a few minutes with the head bent to the opposite side, and then permitted to run out. * * * If upon examination we find the meatus thickened, and it and the surface of the membrana tympani thick and vascular, a leech or two, according to the age and strength of the patient, should be applied every third day, several times. When the discharge is fetid, a chloride of lime lotion used occasionally is of service, being slightly astringent, and correcting the disagreeable smell." (p. 368.)

When otorrhœa has existed for any length of time polypus growths

are frequently found in the ear. They may, indeed, be the original cause of the otorrhea. In such a case there will not, on examination be found any other cause for the discharge. A careful examination with the author's tubular speculum, in a clear light, is usually necessary to detect polypi. Many of these growths are so small, and situated so deeply in the meatus that, unless the whole passage be exposed to view, they may be overlooked. Writers represent them as frequently growing from the surface of the membrana tympani. They commonly, however, "sprout from the site of the ceruminous glands in the posterior wall of the meatus." Mr. Wilde has invented an ingenious instrument for the removal of polypi, which possesses advantages over the ligature and forceps. With it, these growths may be removed with facility, and without causing much pain. Some bleeding occurs from the separated stalk, which, after the ear has been syringed, should be touched with nitrate of silver.

Tinnitus aurium, though generally, is not always a symptom of disease of the ear. "In cases where we find this symptom present," says Mr. Wilde, "without any appreciable lesion of the parts we are able to inspect, I have found the preparations of the arnica montana of decided benefit; indeed it is the only medicine with which I am acquainted that seems to possess a specific power over this annoying and usually most intractable complaint. The preparation I find most efficacious is the tincture both of the flowers and leaves, of which the patient should commence by taking fifteen drops in a tablespoonful of the infusion of arnica, with some cordial tincture three times a day. After a few days the dose should be increased one or two drops daily, till it reaches thirty, or even more, unless headache or giddiness be produced, when he should at once lessen the dose, or omit the medicine altogether for a short time. The state of the bowels should be carefully attended to during the administration of this drug." (p. 249.)

Our limits will not allow of a more extended notice of this valuable work. We would state in conclusion, however, that it is a production in every way worthy of the author, whose high literary attainments, critical acumen, powers of observation, and indefatigable industry, are well known. It is by far the best and most thorough treatise on diseases of the ear in the English language, and will, we have no doubt, do much towards dispelling the vague and imperfect ideas of these affections which are too prevalent among the profession at the present day. Every practitioner should purchase a copy and make himself acquainted with its contents. No medical library can be considered complete without "Wilde on the Ear" on its shelves.

XIII.—*A practical Treatise on the Diseases of Children.* By J. F. Meigs, M.D. Second edition. 8vo., pp. 711. Philadelphia: Lindsay & Blakiston. Montreal: B. Dawson.

This is an excellent work on the subject of which it treats. The first edition has had an extensive disposal, and we predict the same for the second; which, besides the merits of the original, possesses additional inducements to recommend it to patronage. It is eminently practical, and may be safely selected as a counsellor from whom sound and profitable information can be procured. From its pages the student may learn a simple and faithful account of the diseases peculiar to childhood.

In our examination of it, some particular objects have struck us as worthy of special notice.

Much confusion has existed concerning intracranial effusions in children. By common consent they have been resolved into acute and chronic. The first was, after the time of Whyte, considered to result from an acute inflammation, and more recently French pathologists, by their labors, have found it to be of a tubercular character. This conclusion, however, seems to be rather too exclusive, and we think Dr. Meigs has very correctly distinguished the acute effusions into tubercular meningitis, and acute hydrocephalus, each of which is discussed apart, and evidently with practical advantage.

We regret that in his description of diarrhœa scarcely anything is said about the character of the evacuations, to which so much importance is usually attached. Dewees, Eberle, and Trousseau classified diarrhœa according to the evacuations; the division of the latter is into—1, bilious; 2, mucous; 3, lienteric; and 4, choleriform; to which might properly have been added feculent and chylous. The green colored stools so common in infants, and so characteristic of their complaints, receives merely a bare mention. Our author might have usefully followed the example of his father, Dr. C. D. Meigs, who, in his lectures on certain of the diseases of young children, devotes considerable space to this symptom. He holds that it arises from the action of an acid in the stomach or intestines, or on bile secreted in large quantity by the liver, believing, with the majority of physicians, in its bilious nature, notwithstanding that Dr. G. Bird, eight years ago, showed analytically that it did not contain more than an ordinary amount of bile, and depended upon the presence of modified blood. This is the more important, as the kind of treatment practised will accord with the view held. The prevalence and fatality of bowel affections in Canada among infants, especially during summer, will explain our anxiety to be informed on this topic.

Our author has given a lengthened detail of cholera infantum. The chapter, however we find to be word for word with the similar one in the first edition, and only differs in the change of a few numerical state-

ments, and the introduction of the following formulæ, which he has found of great use in this disease. ℞ tr. krameriæ ℥ij., tr. opii gtt. xij., syp. zingib ℥j., aq. fluv. ℥xiv., *m.* ℥j., 5 vel. 6 in die. ℞ tr. krameriæ vel catechu ℥ij., tr. opii gtt. xij., mist. cretæ ℥iss., aq. fluv. ℥x., *m.* ℥j., 4 vel. 6 vel. 8 in die. This is saying a great deal for the correctness of the original description, inasmuch as a further experience of five years has only tended to corroborate its every item, and so busy a practitioner as Dr. J. F. M. knows no more now than he did then of so rife a disease as cholera infantum. But all parts of the work have not thus withstood the test of time, for the articles on croup, bronchitis, pneumonia and scarlatina have been entirely re-arranged, extended, and in many parts re-written.

An article on atelectasis pulmonum has been introduced—a very important subject, which we have been surprised to find omitted in a recent text book, Churchill on Infants. Dr. M. divides it analogously to West, into congenital and post natal, and has borrowed his matter for the most part from this author, Gardner and Rees. To the first he has not acknowledged his obligations. He has embodied some observations of his own, and has made up altogether a very useful description.

XIV.—*The practice of surgery.* By James Miller, F.R.S.E., F.R.C.S. E. Third American, from the second Edinburgh edition. Edited, with additions, by F. M. Sargent, M.D., one of the surgeons to Wills Hospital. Illustrated by three hundred and nineteen engravings on wood. Pp. 920. Philadelphia: Blanchard & Lea. Montreal: B. Dawson.

The first edition of this work has been so well received, and is now so well known by the profession, it would savour somewhat of supererogation on our part to enter into any lengthened exposition of its merits.—This second edition has been much enlarged, and otherwise improved by the author. The editor, Dr. Sargent, has introduced a great deal of valuable matter, and a number of additional engravings, which enhance the value of the work, and make the American reprint much more desirable than the English edition.

In the chapter on Chronic Cystitis, Mr. Miller remarks:—"In very obstinate cases, it may perhaps be allowable to make a cautious trial of the application of nitrate of silver, in substance, to the mucous coat as proposed by M. Lallemand, &c." Now there is a treatment which he does not refer to, and which, in our opinion, is far safer and more efficacious, in obstinate cases, than the one which he recommends. The application of solid nitrate of silver to the lining membrane of the bladder may be justly dreaded, but the injection of a *weak solution of nitrate of*

silver can be employed without the least dread of ill consequences resulting. We have seen this treatment succeed admirably in the hands of Dr. Hutton, President of the Royal College of Surgeons of Ireland, who has practiced it for many years in the wards of the Richmond Surgical Hospital in Dublin, and with whom, we believe, it originated. The plan of procedure is the following:—A catheter is introduced into the bladder, and its contents removed. A caoutchouc bag, or a syringe, is then affixed to the extremity of the catheter, and the bladder is washed out with tepid water. Next, a solution of nitrate of silver is injected. The strength of the solution should not at first be greater than one or two grains to the ounce of water. If the disease does not yield before these injections, the caustic may be increased to three or four grs. Other treatment should not be suspended. The patient may take at the same time, either uva ursi, buchu or pariera brava. The uva ursi, in decoction, is the remedy which, given internally, we have found most beneficial in chronic inflammation of the bladder.

XV.—*The maternal management of children in health and disease.* By Thos. Bull, M.D., &c. Second edition, 16mo. Pp. 412. Lindsay & Blakiston, Philadelphia. B. Dawson, Montreal.

This work, as was anticipated upon its appearance, met with a rapid sale so great indeed, that the first edition was soon exhausted. Intended for mothers as a guide to the proper rearing and treatment of their offspring, it is, as such, the best with which we are acquainted, and is well adapted to relieve the former of much of the heavy responsibility which falls upon them during the trials of the latter in infancy and childhood. Its merits have caused it also to be sought after by others whose calling places them in circumstances where its knowledge might be advantageously employed. Missionaries will find it a most useful addition to their libraries, and to medical men it recommends itself by the diversified and valuable information it possesses on subjects which are too often imperfectly dwelt upon in more elaborate treatises. By observance and practice of the precepts found in its pages, many youthful calamities may be averted, and much prolonged suffering prevented. Timely interference, by hygienic measures and domestic appliances, frequently cuts short an illness that would otherwise be tedious and dangerous, and this is often demanded when medical aid cannot be obtained. Works of this character have been objected to on selfish grounds, but the right-minded physician nobly prefers abetting the diffusion of knowledge, for securing public safety, to its suppression, for individual aggrandizement.

A considerable portion of the present edition has been re-written, several new chapters added, and the whole work revised with great care.

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

SECOND TRIENNIAL REPORT OF THE COLLEGE OF PHYSICIANS AND SURGEONS, L.C.

During the past month this report has been published and distributed to the members for their information. Nearly half of it is taken up in stating appointments to governorships, and the changes in them during the triennial period; but as these now possess no general interest, we pass them over. We learn from it that "a likeness in oil" of the late Dr. Arnoldi, first president of the college, was procured and entrusted to the keeping of Dr. F. C. T. Arnoldi, with the understanding that he should have it present at the meetings of the College. We also learn that the licentiates were less than during the first three years, but that the students were more numerous. This, with the number of candidates admitted, rejected, &c., a notice of the students' petition, and of the balance to the credit of the College in the Savings' Bank, as stated in the Chronicle for August, comprises the entire report. Appended to it is the report of a sub-committee appointed to audit the treasurer's statement. Upon examination they found both books and accounts correct, and subjoin a rather unbusiness-like account current of the sources of revenue to the College, and the channels of its expenditure. The Governors conclude their report by congratulating the members on the success of the College in every way.

Dating from 1848, its revenue has since been £1060 5s., or about £212 a-year. This is a large sum, and we naturally wish to be informed of the mode of its disbursement, and the benefit of which it has been productive. As the College now is, it has no local habitation, and is itself not tangible, but is said to exist when its Governors biennially, or so, visit one of three towns, Quebec, Montreal or Three Rivers, club together, exhibit themselves where they can, and having done the business, wander homeward—living illustrations of the policy of expediency—happy result of the power of compromise. We know not what good comes of this, and we have still to learn its advantages. It cannot be to favor the elect with an occasional reunion, for this would be too dear at the cost of £192 0s. 9d., and yet what supposition is more tenable?

Inconsistent though it be, the College owns furniture for which nearly £25 have been paid, and a little other property, as plates for diplomas and licenses, seal, &c., bought for £22 15s.; these have not been insured against casualty—a strange omission—for in what safety can they be

while shifted about from house to house, and from town to town, hawked about at every meeting, and passing through the care of every new official. The necessary expenses are not large, and might be curtailed without either difficulty or inconvenience; but our object is not to except to special items, and although there be some rather tempting, we leave them unnoticed, for they seem more incidental than regular, and we hope will not occur again. In addition to the money in the bank, £56 has been handed over to Dr. Jones as new treasurer.

If we now inquire into the operations of the College, we find that it has founded itself, devised ordinances, and become incorporated—steadily carried out the arrangements connected with its officers—regularly proceeded to elections—duly filled up vacancies, and diligently attended to the common matters inherent in a body politic. In it discussions have been frequent and lengthy on points of order and of feeling—amendments have been proposed, now lost, then carried—oppositions offered to certain elections, successfully or unavailingly—attempts to break their own laws in relation to Universities tried and quashed. During its existence, such candidates as have sought its authority to practise or study medicine have been examined, and we believe this important trust has been discharged with impartiality and ability; something has been done to stay empiricism; and lastly, a biographical sketch of the late Dr. Arnoldi has been drawn up and printed. All this has been done; for this the members are congratulated on the success of the College in every way. True, it is something, but it seems very little for a board vested with powers to act in nearly all matters connected with the general interests of the profession in this section of the Province. Much more might and should be done; the modicum of intellectual good especially ought to be amplified.

We have already suggested that important questions connected with public hygiene and medical police should be considered, and measures of a sanitary tendency urged forward and carried out. Two important questions have already been opened up by us, and we perceive by the report of the last semi-annual meeting that they were then introduced for discussion. The gentleman who took them under his protection merits approbation, and we regret that he did not meet with more co-operation. For the present they seem to have been laid aside from apathetic indifference. The aim of every man who has his profession at heart should be to advance the cause of legitimate medicine. The present system of medical education stands in need of improvement, and should be given a more practical character. The College of Physicians and Surgeons, L. C., have it in their power to do so. It is for its Governors to show that the object of medical studies is not merely passing the ordeal of an examination, and it is for them to amend its characters. Let the *crux* of the domine perish, and the inquiries about antiquated

notions and exploded crudities sink into oblivion, and in their place let only such be instituted as turn on some practical point. It is for them to raise the intellectual standard of their licentiates; among other ways, by encouraging talent and offering rewards for deserving merit. Examples will be found on another page of bodies in other parts of the world, perhaps, upon the whole less favorably circumstanced than theirs, that might be followed most advantageously, entailing but small expense, and waking up a spirit of inquiry and investigation which might lead to brilliant and useful results. These are some of the more prominent reforms that we think might be successfully carried out, and would render the institution beneficial and famous. We trust, moreover, the day is fast approaching when it will be possessed of real estate—when an appropriate building, an ornament to the city and a credit to the founders, will be erected to its uses—within which a library will be gradually accumulated, and a museum formed, rich in anatomical specimens, both normal and morbid. A medical newsroom has long been a desideratum, and its connexion with such a corporation would be judicious and appropriate. As it is now, but few practitioners subscribe to more than one, and the majority to none, of the foreign periodicals; in such a place they might peruse those from every quarter, and thus keep pace with all the daily advancements in the theory and art of their callings. We throw out these suggestions; want of space forbids our enlarging upon them. That their adoption is not impracticable is clearly shewn by the present pecuniary position and prospective revenue of the College, and again we express the hope that they will be effected in our day, confident as we are of their necessity, importance and value.

"The fifth number of the Medical Chronicle, of Montreal, Canada, comes to us filled with good things. We should be glad to receive the back numbers. We observe, (what is now becoming very common) that the editors are also proprietors."

We are glad our friend of the "Philadelphia Medical and Surgical Journal", from which we copy the above, is pleased with our table of contents. If he will mention in his next what back numbers he is desirous of having, we will try and furnish him with them. As to the editors being proprietors, a circumstance which appears to please Dr. Bryan, all we can say is, that they are so of necessity. Medical journalism in Canada is so unsafe a speculation, there is not a respectable publishing house in Montreal that would enter into it. Canada, however, *must not be without a local Medical periodical;* and it was this that induced us, when there was not a medium of communication for the profession in the province, to issue the Medical Chronicle. As journals of

forty-eight and sixty-four pages had been allowed to languish and die, we commenced with thirty-two pages at a reduced rate, hoping that there would be a sufficient number in the profession with, in this matter, a soul above TWO DOLLARS per annum, to enable us to materially increase the size of the Journal on the commencement of our second year. We are happy to add, that our subscriptions are coming in so well, accompanied by letters approving of the manner in which we have hitherto conducted the Journal, there is a fair prospect of not having to put our hands into our pockets at the termination of the year, to pay a balance to the printers. There is a probability also of our being able to commence the second year with an enlarged edition; and this, we can assure Dr. Bryan, "is something to talk of" on this side line 45°. The idea of *making money by our efforts,* is altogether too visionary to be entertained for a moment. We have entered on a labour of love, and expect the treatment usually meted out to persons so engaged—a bare return of the monies expended, and very little thanks for our trouble.

DR. HALL'S AROMATIC FLUID EXTRACT OF SENNA.

The great objections to Senna, as a medicine, are its griping qualities and exceedingly nauseous flavour. It is, nevertheless, a particular favorite in domestic medicine, being administered, in conjunction with its ancient colleague "salts," in preference to all other purgatives. We have a vivid recollection of the dread with which, in our boyhood, we contemplated the periodical dose of a cupfull of the infusion of senna; and certain we are, that had Dr. Hall's pleasant extract been at that time in vogue, it would have frequently saved us from indulging in a spirit of rebellion against parental authority. "By a chemical process," says Dr. Hall, "in the preparation of this extract, the senna is deprived of its griping property and nauseous flavour so much complained of, and rendered so easy and mild in its operation that it may be given to an infant, or females after accouchement. It retains all the purgative properties of the senna, without the objectionable ones, and in so concentrated a form as to require a very small quantity for a dose." We have employed the sample sent to us, and have every reason to be satisfied with its effects. It operates very mildly, and when prepared with sugar and milk makes an agreeable mixture. It is prepared by Messrs. J. Birks & Co.

CIRCULAR OF THE MEDICAL FACULTY OF TRINITY COLLEGE, TORONTO, 1853.

This circular exhibits a full statement of the qualifications required of candidates for the degrees of M.B. and M.D., in Trinity College, and has been issued to remove the erroneous impressions concerning them from the minds of many persons who have entertained them. The

standard of attainments is high, and calculated to produce medical men well grounded in their profession and its collateral sciences. The preliminary examination is on divinity, classics, and mathematics. The degree of M.B. can be obtained after completion of two full medical courses of four years, and the examination, in addition to the ordinary branches, extends to surgical anatomy, pathological anatomy, practical chemistry and botany. Two years after having taken the degree of M.B. the candidate is qualified for that of M.D., if he has in the interval been engaged in actual practice, or attended an hospital. Students are either *occasional* or *academical*. The first class are not required to submit to the tests of the second, viz., taking the oath of allegiance and supremacy, and declaring that they are members of the United Church of England and Ireland.

CIRCULAR OF THE QUEBEC SCHOOL OF MEDICINE.

We take the liberty of noticing the above, presuming that the copy addressed to the Sun Office, might have been intended for us. The School will, this winter, be conducted by eight Lecturers, whose well known character is a sufficient guarantee that its duties will be discharged in an able and efficient manner. The fees are for each of the six months courses, $12—except Anatomy and Chemistry, for each of which it is $15.

SEMI-ANNUAL MEETING OF COLLEGE OF PHYSICIANS AND SURGEONS, L.C.

Quebec, Oct. 11, 1853.

The semi-annual meeting of the Board of Governors of the College of Physicians and Surgeons, L. C., was held this day in the Town Hall of this city, when the following members were present:—

Drs. Holmes, Bouthilier, Frémont, Jones, Peltier, Morrin, Weilbrenner, Von Iffland, Bibaud, Sewell, Foster, Marmette, Brigham, Russell, Tavernier, Jackson, Robitaille, Boudreau, Marsden, Miville De Chenè, Landry.

Dr. Holmes, the President, took the the chair.

The Secretary read the minutes of the last semi-annual meeting, held in Montreal, on the 10th of May last; also the proceedings of the triennial meeting in Three Rivers, as well as those of the meeting of Governors for the election of officers.

On motion of Dr. Jackson, seconded by Dr. Bouthilier, the Board ordered the secretaries to add to the proceedings of the triennial meeting, the vote of thanks given to the President, Vice-Presidents, and other officers of the College, going out of office, by Drs. Bouthilier and Jackson, at the breaking up of the meeting, which vote could not be registered, as no note had been taken of it at the time.

The Secretary then laid before the chair a diploma of the Faculty of Medicine and Surgery of Glasgow, belonging to Mr. James Wilson, which gave him the right to practice surgery and pharmacy; and a second diploma which he had also to practice midwifery. Upon due consideration, it was decided that Mr. James Wilson should be examined on the practice of medicine only, which was not embodied in the diplomas. The Secretary observed, that the certificates of Mr. James Wilson proved that he had attended but one course of practice of medicine, and that therefore he could not conform with the present law which enforced two courses on that branch. The Board, however, held to its decision.

It was resolved, on motion of Dr. Morrin, seconded by Dr. Weilbrenner: "That all persons practising physic and surgery without a Provincial license, be prosecuted according to law, and it shall be the duty of the President or Vice-Presidents, with the Secretaries of their respective districts, to institute all such actions in the name of the college, with all due diligence."

The Board was then divided into committees of 4 for the examination of candidates to the study of Medicine.

The following gentlemen were then examined and obtained their licences, viz:—Messrs. J. C. Poitevin, Victor Pelletier, J. E. Ferte, Adolphe Tournier, A. Charbonneau, A. Bissonnet, P. McKeon; and the qualifications of four gentlemen not having been, after examination, found satisfactory, they did not obtain a license.

The following gentlemen were admitted to the study of medicine:—Messrs. Hughes Filiatreault, Messrs. Ch. Glennen, D. Archambault, Thos. Fagan, Robert Anderson, E. Ths. G. V. DeSorimier, A. Ant. Marseau, R. Fortier, Pierre Bodoin, John G. Thomas, Ch. Morin; and, after examination, four gentlemen not being duly qualified to enter upon the study, were rejected.

Petitions were sent in from four of the rejected candidates, the first to practice, and the three others to study, praying the Board for a second examination, giving as an excuse their timidity at the first trial.

The members upon the committees by whom they had been examined, having given a few explanations to the Board, their demand was refused.

Dr. Peltier, one of the Secretaries, entertained the board upon the necessity of making *vaccination* imperative for all, and spoke also of the advantages which should necessarily arise from a regular system of enregistration, for physicians, of deaths which take place in their respective practice and of the nature of the causes which produced them. He begged the members to take the subject in due consideration. They however did not extend to him their co-operation.

The Board then adjourned.

J. E. J. LANDRY.

Secretary for District of Quebec of the Col. of Phys. & Sur. L. C.

BOOKS RECEIVED FOR REVIEW.

Dunglison's Therapeutics and Materia Medica. 2 vols. Fifth Edition. Blanchard & Lea.—1853.

Condie on Diseases of Children. Fourth Edit. Blanchard & Lea. 1853.

Ricord & Hunter, on Venereal. Blanchard & Lea. 1853.

Cock's Manual of Obstetrics. Samuel S. & Wm. Wood. 1853.

Prescriber's Pharmacopœia. Third American, from Fourth London Edition. Samuel S. & Wm. Wood. 1853.

Physician's Visiting List. Lindsay & Blakiston. 1853.

TO CORRESPONDENTS.

Dr. *Bardy*, Quebec, and Dr. *Charest*, Chateau Richer, will find their requests attended to. Dr. *Rice*, St. Cuthbert, we thank him for his good wishes, and shall endeavour to realize his hope. Dr. *Ruttan*, we regret the mistake, and by making the change, will prevent its repetition. Dr. *Bucke*, Adelaide, we shall be very happy to insert any communication with which we may be favored. Dr. *Marsden*, Quebec, we expect to hear from him before the 10th.

RETURN of Sick in the Marine and Emigrant Hospital, Quebec, from the 4th September to the 1st October, 1853, inclusive.

	Men.	Women.	Children.	Total.
Remained,	57	24	7	88
Since admitted,	104	23	2	129
	161	47	9	217
Discharged,	107	27	6	140
Died,	5	3	2	9
Remaining,	49	18	1	68
	161	47	9	217

Fever,	18	Burns and Scalds,	2
Inflammation of Lungs,	6	Febricula,	12
Inflammation of Liver,	1	Ophthalmia,	3
Inflammation of Bowels,	2	Pregnancy,	4
Dyspepsia,	1	Rubeola,	2
Rheumatism,	9	Hydro-Pneumothorax	1
Dysentery,	9	Subluxatio	1
Small Pox,	1	Purulent Ophthalmia,	1
Cynanche,	1	Hæmorrhoides,	1
Diseases of Skin,	3	Delirium Tremens,	2
Inflammation of Testicle,	1	Disease of Heart,	1
Syphilis,	16	Disease of Stomach,	1
Fractures,	5	Paralysis,	1
Concussion of Brain,	2	Phthisis,	1
Abscess,	3	Hydrocele,	1
Ulcers,	4	Feb. Intermittent,	1
Wounds,	3	Purpura Hæmorrhagica,	1
Contusions,	8		

C. E. LEMIEUX, House Surgeon.

MEDICAL NEWS.

Up to October, over 8,000 had fallen victims to yellow fever in New Orleans. At one period the rate of mortality was estimated at about one death weekly out of every 37.—The medical men of New Orleans offered to attend gratuitously all patients under the charge of the "Howard Association."—*Cure for Rheumatism* at Cape Island, New Jersey. Put the patient into a deep hole, cover him up to the neck in sand, and after letting him remain thus for half an hour, dig him out and douse him in the water. If he does not recover after all this, bury him head and all next time.—Prof. Langenbeck lately recovered from severe erysipelas of the hand, arm, &c., caused by contact of some fluid removed in tapping the abdomen of a lady.—Castor oil with soda forms a solid white soap which, in the form of pills, is a certain and agreeable purgative.—M. Dechambre and M. Alvaro Regnoso conclude from their experiments that sugar is habituallly present in the urine of old persons.—Bransby B. Cooper died on the 11th August, a small vessel gave way in the posterior lingual region whilst he was in the Athenæum Club, and he was almost instantly suffocated.—Camphor is said to be an antidote to strychnia.—A young gentleman recently died of excessive fatness in Georgia, who weighed 643 pounds.—Dr. Isaac Woolworth of Westfield, has sued that town for $3,000 damages, for injuries received by him in consequence of an alleged defect in the road, last February.—Of 74 scarlatinal patients treated by Dr. Walz with frictions of fat, there was no dnsquamation in 69 and secondary dropsy only in six which was easily cured in 1 by diaphoretics, and in the others by sulphur.—In the *North Western Med. & Surgl. Journal*, is an interesting case of self-castration with the thumb nail performed by a man who was 20 years of age—a lunatic and a spirit rapper. He hung his testicles on the door of his cell, and expects another pair to grow.—An American writer says "Dr. Miller is in Edinburgh what Dr. Fergusson is in London—and more."—On the 8th August last, her Majesty was graciously pleased to confer the order of knighthood upon Dr. John Forbes, and Dr. James L. Bardsley of Manchester.—In Philadelphia, during July, 8.63 inches of rain fell, which is more than fell previously in a single month since July 1844. when 8.87 inches fell.—The Medico Chirurgical Academy of Temara will award a prize of 100 Roman crowns in 1855 for the best memoir on the "Mild Affections of the Liver," it must be written in Italian, French, or Latin.—The Medico Chirurgical Society of Bologna, offers a prize of similar value for the best essay on the diseases to which electricity is most applicable.—The Medical Society of Marseilles offers 300 francs for the best essay on the following questions:—1st. Premature delivery. 2nd. At what period should it be induced. 3rd. Shortest mode.—Mrs. Thomas Sheely, wife of Jacob Sheely, aged 90, residing at Neversink, it is said became the mother of a living child on the first week of August, and it is doing well.—Dr. Owen Rees has been appointed to the professorship of materia medica in University of London, vacant by the death of Dr. Pereira.—There are about 13,000 members of the medical profession in the British Islands, 5478 at London, 7670 in the shires, and 2852 in Ireland and Scotland.—Practitioners of London who were practicing before 1815 without diplomas 52, holding the diploma of Apothecaries' Hall or R.C.S., 1698; L.R.C.P., 53; M.B., 56; M.D., 619—of the graduates 510 are British and 109 Foreign.—Mr. Osborne, an English officer, has written a book on his return from the court of Runjeetsing in India, in which he gives a very remarkable traveller's account of a man restored to life after burial for 10 months: during the whole time he is described as having subsisted without any kind of sustenance, with the external apertures except the mouth closed with wax, enclosed in a linen bag, placed in a wooden box locked with padlock and seal, and his tongue turned back so as to occlude his throat.—A petition recommending Dr. Bennet Dowler for a foreign consulship was signed by all the members of the City Council, New Orleans, in their session a short time since.—Dr. E. H. Parker, editor of the New Hampshire Journal of Medicine, has been appointed Prof. of Physiology and Pathology in the New York Medical College.—The Editors of the Southern Medical and Surgical Journal says, "we have tried strewing the floor with cucumber peelings and found it better than anything we ever used for getting rid of those filthy insects"—cockroaches.—A committee of 4 or 5 physicians are completing the second part of the second volume of Dr. Periera's Materia Medica, which Dr. Billing says is a perfect encyclopædia. The greater part was already finished and in the press.—Prof. S. H. Dickson has lately had the degree of L. L. D., conferred on him by the University of the city of N. Y. to which mark of distinction his profound erudition and varied merits justly entitle him.—Dr. Aran asserts that 150 drops of chloroform may be safely administered in cases of colic, particularly in bad colic, in the 24 hours, with decided advantage.

THE

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ORIGINAL COMMUNICATIONS.

ART. XXIV.—*Traumatic Emphysema.* By WALTER HENRY, M.D., Inspector General of Military Hospitals, &c.

I have read with interest a good case of traumatic emphysema from broken ribs, well treated and well described, in the November number of the Chronicle. Having had a good deal of experience in such cases, and also in more serious ones, where a ball or a pointed weapon wounds the lungs, I send you a few brief remarks on the subject, hoping that a communication from an old medical campaigner in the Peninsula may not be unacceptable.

Fracture of the ribs, with emphysema, is generally, and where great violence has not been the cause, more formidable in appearance than reality. To an inexperienced surgeon, the sight of a man in great pain and distress, breathing with difficulty, and with his chest inflated like a barrel, is very alarming. Every bystander, of course, considers the case quite hopeless; yet, in the majority of such instances, there is no great danger. Under judicious treatment, adapted to the opposite conditions of collapse and reaction, restricting the action of the external respiratory muscles, and making the breathing as much phrenic as possible, with the employment of suitable medicines, nature soon effects a cure.

The first thing usually done after recovery from the immediate shock, is to apply a bandage round the chest; and, under ordinary circumstances, and when there is no hæmorrhage from the mouth, this is, doubtless, quite right. But it should be borne in mind, that a common calico or linen bandage, however scientifically applied, will soon slacken, cease to confine the chest effectually, and become nearly useless for the chief purpose of its employment. As soon, therefore, as the patient is removed to his own residence, or an hospital, a hempen or coarse linen vest, doubled, should be prepared and put on, which must be tightly fitted, and sewed, or laced down the back, and have straps to support it over the shoulders. This appears to me to be almost indispensable to the proper treatment of the case.

It is true that in some instances this constriction cannot be borne, being incompatible with respiration from the first; and in others it must be relaxed when inflammatory symptoms set in, even at the expense of disturbing the process of reunion in the broken ribs: still it is the most effectual treatment, but may be modified according to the state of the case, and the requirements of urgent symptoms.

When air is extensively diffused through the sub-cutaneous cellular tissues, and the patient is elderly or cachectic, the capillary circulation is so much impeded by its pressure, that the skin becomes cold and of a livid, or nearly livid color, threatening gangrene. This is a most dangerous symptom, and the worst result is to be apprehended. I have only seen two instances of this bad description, both of which ended fatally, though stimulating liniments, gentle local friction, warm flannels, and appropriate constitutional treatment were sedulously employed.

In cases where there is no danger of this kind, friction and liniments are also useful in hastening the absorption of the extravasated air. Emphysema occasionally disappears rapidly, and I have seen a chest nearly one-fourth larger than usual restored to its normal dimensions in a single night. The precise *modus operandi* of this absorption is as mysterious as marvellous. The air cannot be supposed to re-enter the wounded bronchi, which have contracted, and a healing process is going on in them. The lymphatics, it must be supposed, are inadequate to absorption on this scale. It is difficult to believe that the veins are the agents, because we know that air in any great quantity in these vessels destroys life. Cases have occurred where the internal jugular vein has been wounded during the excision of a deep-seated cervical tumor, in which the suction of a gulp of air has been audible, and instantly fatal. When emphysema suddenly disappears, many cubic inches of air must have been absorbed in a few hours, and I believe that physiology has not yet settled how this is accomplished, nor some other difficulties of the process of absorption generally.

I have never seen emphysema of the chest unaccompanied by costal fracture or a wound; but we know from the authorities that this sometimes happens. Yet in some of the recorded cases, including the squeeze from an elephant, quoted in the article referred to, there is reason to suspect that undetected costal fracture may have taken place. Under certain circumstances of extensive emphysema, the crepitus of a broken rib may be very indistinct amidst the crepitus of the integuments. Limited, and what we may call idiopathic, emphysema has been caused occasionally by the violent efforts of puerperal women in restraining their breath.

This extravasation is not a very unusual accompaniment of sword and bayonet thrusts, and also, but more seldom, of bullet wounds. In the

course of the Peninsular War, and the Nepaulese War in India, I have seen and treated many such cases, of which reports were forwarded to the proper authorities at the time. After a lapse of 35 years, or thereabouts, it is, impossible to recollect them with distinctness; but my impression is that the presence of emphysema was considered a subordinate matter, and little regarded. It was even supposed, that when air thus found its way to the surface, there was less risk of hæmorrhage and internal inflammation.

In these cases, friction and stimulating unctuous applications were employed, and when the emphysema was extensive, and the skin tense, scarifications were attended with much benefit.

Of one case I retain a vivid recollection, because the patient was a friend and brother officer. He was wounded in one of the actions in the Pyrenees in July, 1813, by a musket ball, which passed deeply into the right lung and there remained. There was profuse hæmorrhage from the mouth immediately, with dreadful dyspnœa, and extensive emphysema over the upper part of the body. For the first three days he was in a most dangerous state, half suffocated, and only kept alive by frequent bleedings. During this time he lost more than two hundred ounces of blood, besides from the hæmorrhage.

My patient is now a General officer, residing in the south of England, in good health. He still carries the ball in his chest, where it has become encysted, nature having made a nest for it and the bits of cloth it carried in. It appears to rest upon the diaphragm, and the only inconvenience experienced from its presence is when sudden or violent bodily exertion is made; then alarming phrenic spasms occur. On this account the General, who was always fond of riding, although he still mounts his horse, cannot canter nor trot with any comfort.

A case of emphysema from broken ribs, very remarkable on account of the attending circumstances, occurred in Quebec in 1836. A soldier of the 66th Regiment, named Ramsay, was sitting on the outer edge of the rampart of the Citadel, gazing at the first spring ships coming round Point Levy. The place where he sat was immediately above the precipice, rising from the Lower Town, where there was no ditch nor glacis. By some carelessness he lost his balance and fell, first to the foot of the rampart, thirty-five feet, and then tumbled from rock to rock three hundred feet more, until he alighted on the roof of a house in Champlain Street.

I was then Surgeon of the 66th, and hastened to see the poor fellow. He was alive, but pulseless and insensible, and apparently dying. There were many bad cuts and lacerations over the body, from which the blood was still issuing; the chest and back were swollen and emphysematous, through which I could perceive the crepitus of broken ribs, though I

could discover no fracture of the skull, nor other bones. After an hour's labor in restoring consciousness, he at length recovered his senses, and was able to swallow a little brandy and water. I then proceeded to make a more careful examination of his body, and was pulling up his shirt for this purpose, when, after two or three deep sighs, he found utterance. It is natural to suppose that an expression of gratitude for his wonderful escape would have been his first exclamation, but poor Ramsay had other thoughts. His first words were, "*Ah, Doctor dear, dinna tear my sark!*"

This man had three of his right ribs broken, besides a large number of minor injuries. No doubt the numerous rocks projecting from the precipice broke his fall, and probably saved his life. His clothes were nearly cut to pieces, and each of these rents and tears was, no doubt, a quantity, however small, in the sum of resistance to the force of gravity. Besides, it is probable that the ribs were broken by the first fall to the foot of the rampart, when emphysema would take place. He was thus furnished with an elastic integument round the upper part of the body, which would, to a certain extent, defend him in his perilous descent, besides diminishing his specific gravity.

Ramsay was carefully removed to the Regimental Hospital, where his case excited much interest. In the evening there was great reaction, with high pyrexia and dyspnœa, such as might be expected under the circumstances, and large bleeding was required to subdue the inflammation. But after passing through a dangerous week, he finally recovered, without permanent weakness or injury in the chest, and was discharged from hospital in about a month.

Montreal, Nov. 7, 1853.

ART. XXV.—*Cases of Fracture, with observations on the results and modes of treatment.* By WILLIAM E. SCOTT, M.D., Professor of Clinical Surgery, McGill College, and Physician to Montreal General Hospital.

I have been induced to prepare the accompanying statement of fractures, which have occurred in my practice during the last fifteen months, together with brief remarks on the nature of injury and results of treatment, in consequence of having examined a similar table, containing a large number of cases, published by Professor Hamilton, in which it appears that a most unsatisfactory issue has been obtained in a large majority of fractures in the long bones which he has been able to collect: or example—I find that 41 cases of fractured clavicles are reported,

out of which, when union had taken place, 23 were found to be from a quarter of an inch to an inch and a quarter shorter than the corresponding bone.

Of fractures of the radius and ulna, 34 instances are mentioned, in two of them only was there observed any shortening.

71 fractures of the thigh are recorded, of which shortening took place in 48. The deformity varied from half an inch to four, five, and even seven inches. It may be remarked, that nearly two-thirds of these cases have subsequently been lame for life.

Tibia and fibula, examples of the fracture of which, are 73. When cured, shortening from a quarter of an inch to an inch and a half existed in 40.

I regret much that Dr. Hamilton, to whom great credit is due, has not been enabled to state, in every instance, the description of splints employed, the duration of their application, and the general treatment adopted in the unfortunate cases, as to their results, which he has collected and printed in his tables.

As may be observed from the following arrangement, I have not alluded to any cases, on account of not having retained notes of them, which I have treated previously to the last 15 months, otherwise the number arising both in hospital and private practice would have been considerably augmented. The varieties given, however, with the exception of the fatal cases, having been universally successful in their termination, and free from all deformity, contrast most favorably, as far as they go, with the results met with in similar fractures reported by Dr. Hamilton. (Table on next page.)

REMARKS.

No. 1. A very severe injury in the case of a sailor, who had fallen from the rigging of a vessel on the deck, striking on the top of his head. He lived sixteen days. On post mortem examination, a fracture was discovered extending from the occipital to the temporal bone, passing through the petrous portion. There was considerable extravasation of blood from laceration of the lateral sinus.

2. Occasioned by the bursting of a pistol. The man was aiming at a bird in an elevated position, his hand being raised even with his forehead. When fired, the barrel burst, and the screw which attached the barrel to the stock, about two inches in length, was driven, the head entering first, through the middle of the frontal bone, near the coronal suture. A young man who accompanied him, extracted the screw with difficulty. The patient walked to my house, about three miles, after receipt of the injury. On careful examination, I acquainted him of his dangerous situation. A considerable discharge of disorganised cerebral matter escaped through wound. He died four days after from inflammation of the brain.

TABLE, showing the Results of Treatment of 27 cases of Fracture.

No.	Name of Bone.	Point of Fracture.	Character of Fracture.	Name.	Age.	Sex.	Time under Treatment.	United or not United.	Perfect or imp Union
1	Os Occipit.....	Near lateral sinus	Simple	J. M.	17	M	16 days	Died.	
2	Os Frontis.....	Near coronal suture	Compound	J. M.	22	M	5 "	Died.	
3	Inf. Max.....	Near symphisis	Simple	M. S.	24	M	23 "	United.	Perfect.
4	Clavicle	Middle	Do	J. W.	15	M	20 "	"	"
5	Do	Outer third	Do	W. G.	18	M	23 "	"	"
6	Do	Do	Do	W. G.	45	F	20 "	"	"
7	Humerus.....	Through condyles	Complicated with wound of joint	J. M.	17	M	16 "	Died.	
8	Rad. and Ulna	Middle	Simple	E. R.	9	F	28 "	United.	Perfect.
9	Do	Lower third	Do	Mrs. T.	62	F	36 "	"	"
10	Do	Do do	Do	J. Mc.	43	M	28 "	"	"
11	Do	Do fourth	Do	M. W.	22	M	21 "	"	"
12	Rib, 2	Near angles	Do	J. D.	62	M	20 "	"	"
13	Femur.....	Superior third	Compound	W. F.	16	M	100 "	"	"
14	Do	Middle third	Comminuted	J. W.	15	M	45 "	"	"
15	Do	Do do	Simple	M. A. D.	9	F	35 "	"	"
16	Do	Lower fourth	Do	C. L.	54	F	56 "	"	"
17	Do	Do third	Do	J. B.	14	M	42 "	"	"
18	Do	Do fifth	Do	Mrs. N.	44	F	60 "	"	"
19	Do	Do third	Do		13	M	Under	treatment.	
20	Tib. & Fib.....	Do fifth	Comminuted	A. McM.	28	M	30 days	United.	"
21	Do	Do third	Simple	P. S.	34	M	40 "	"	"
22	Do	Do fourth	Do	P.	46	M	35 "	"	"
23	Do	Do do	Do	J. B.	30	M	43 "	"	"
24	Do	Do do	Do	J. M.	45	M	51 "	"	"
25	Do		Comminuted	M. B.	68	M	62 "	"	"
26	Do	Lower third	Simple			F	24 "	"	"
27	Do	Do fourth	Complicated, with wound of joint	J. D.	58	M	65 "	Died.	

3. Fractured by falling from a cab. Treatment, pasteboard splint, and four-tailed bandage.

4. A transverse fracture. It occurred in the same boy as No. 14. The figure of 8 bandage, with pad in axilla, was employed. On account of the position necessary to retain the patient in consequence of the fractured femur, and the impossibility of preventing him raising the sound arm, which relaxed the bandage, when the clavicle united, the sternal extremity was slightly prominent, although no shortening was apparent.

5 and 6 were similar cases to the above, although the union in each instance was more complete. In both of these patients Dr. Crawford's "Adjuster for Fractured Clavicle" was employed with most advantageous results. For a description of this valuable apparatus in these fractures, reference can be made to the third number of the Chronicle, where may be found plates of the instrument, with remarks for its application, published by the inventor. I may mention, that I had previously observed cases treated with the "Adjuster," followed by equally satisfactory cures.

7. This fracture existed in the sailor, No. 1. An angular splint was employed.

8, 9, 10, and 11, were simple fractures, treated with straight splints and bandage.

12. The ordinary bandage in such fractures was applied.

13. This lad was thrown from a gallery 20 feet in height, falling upon his side. The upper portion of the femur protruded through the vastus externus muscle. The extremity was bandaged, and the long straight splint was placed upon the outer side of the limb, with a shorter internal, and a superior one. To allow the discharge of pus, which was profuse, it was necessary to cut a deep notch in the external splint. Great difficulties were experienced in this case. The description of fracture, restlessness of the patient, situation of wound, the extreme heat of the weather (month of July), and copious suppuration, necessitating for a long period almost daily attendance. After closing of the aperture produced by the fracture, a large collection of matter formed upon the anterior aspect of thigh. This was opened, and continued discharging for some weeks. The patient was placed upon cod liver oil and nourishing diet. He has now been able to walk, assisted by crutches, for two months. The leg is exactly the same length as the other, and is daily improving in strength.

14, 15, 16, 17 and 18, were all cases of simple fracture. One was comminuted, the boy having been run over by a loaded cart. These were all treated in the manner adverted to in the above instance. The limb having been first bandaged, a splint, extending from the nipple to

about four or six inches below the foot, was placed externally ; a shorter one, reaching from the perineum to the condyle of femur, was placed internally, and an anterior one placed between Poupart's ligament and the superior border of patella. The whole being well padded, and secured with strips of bandage.

19. A similar case, progressing favorably. Still under treatment.

20 to 27, were all put up in the following manner. A couple of straight splints are provided sufficiently long to extend from the head of the tibia to two or three inches below the foot. Before applying these, I generally fold them in a piece of strong unbleached calico, about a yard in length, and as wide as the splints are long. One splint is wrapped at one end of the cotton, and the other at the opposite, until a space is left between them of sufficient width to place the fractured leg in. The splints are then brought up on each side of the limb, protected by cotton wadding, and retained by two or three ties of a bandage. This method of applying splints to the leg answers equally well for compound as simple fractures. Cold application may be employed, or one side of the splint can be let down, and the wound, if any exists, can be examined and dressed, without any disturbance whatever to the fracture itself. In the case of No. 27, the man had fallen from the roof of a four story house, and received a severe injury of the spine, occasioning paralysis, from the effects of which he died about two months after the accident.

I have stated in the foregoing cases, that where union of the fractures had taken place, no deformity in any case existed. Reference in this observation is, of course, only made as to shortening. All the cases reported being of recent occurrence, there has not been sufficient time for the enlargement at the seat of fracture, caused by the provisional callus, to have been absorbed. Also, where the fracture has been in close proximity to an articulation, some slight impediment to its free motion may still exist. This, it need not be mentioned, only requires a certain amount of time to be removed.

In conclusion, I am anxious to have it distinctly understood, that I am not in the slightest degree desirous of attributing to myself any peculiar merit in the treatment of these cases. The success that has attended these patients I attribute to my having placed the fractured extremity in a favorable position at the commencement of the treatment, and by frequent careful examinations of the limb, preventing any deviation from that position during the first two weeks ; after which period, the person becomes accustomed to the recumbent posture, and the muscles of the extremity lose that tendency which they at first possessed of displacing the fractured bone. I am, therefore, of opinion, that unless the fracture be of a very serious character, or that there exist some severe complication, shortening to the extent mentioned in Dr. Hamilton's tables should,

provided the surgeon reside within a convenient distance, never take place; and which, if the cases published in the tables referred to had been under Dr. H.'s treatment, I am satisfied never would.

ART. XXVI.—*Dislocation of the Os Humeri on the Dorsum Scapulæ.* By John Reddy, M.D., L.R.C.S.I., &c.

A gentleman was admitted into the Montreal General Hospital on the 11th October, 1853, under the care of Dr. Scott, suffering from delirium tremens, towards midnight he became very restless, and wandering about the ward, was attracted by a string attached to the window over the door, which acts as ventilator. Supposing it to be a bell-pull, he seized it with his left hand, and while pulling, it suddenly gave way, by which means he was turned half round, falling on his face, the arm still extended, and by the fall brought across the chest. The nurse went in just as he had risen, and finding him difficult to control, came for me. I found him sitting at the bedside, drawing the sheet through his hands. He did not complain of being in pain, nor did I observe anything peculiar in his appearance. He became tranquil, and I left him in charge of the orderly during the remainder of the night. Next day he frequently complained that his "old rheumatism had seized him again, and that he had suffered much from it." On the morning of the 13th, (36 hours after the fall), he complained of his shoulder paining him, and on examining, I found that the head of the humerus had been thrown backwards upon the dorsum of the scapula beneath the spine. He could move the arm freely, bring it close to the side, but was unable to elevate it higher than about 12 inches. The depression beneath acromion, with flattening, existed as in ordinary dislocation, the former, however, most marked in front; the shoulder was very much widened, slightly upwards and backwards. During rotation the head of the bone could be distinctly felt, while at rest the arm was semi-flexed, the elbow close to the side. Dr. Scott saw him shortly after my visit, and also detected the nature of the accident. We tried reduction by manual efforts, but failing, had recourse to "Jarvis' Adjuster," having first administered chloroform. Considerable extension was required, and after some time, while the Doctor pressed upon the head of the bone, I elevated the arm towards the head, then bringing it across the chest, the bone suddenly snapped into its place with a loud noise. The arm was confined to the side with a roller, and in a few days he left quite well.

REMARKS.

The subject of the above accident was a man of great muscular power, 14 stone weight, 5 feet 9 inches in height, measuring 13 inches at centre

of biceps. The amount of deformity I expected to find, did not exist, as the tumor produced by the head of the bone, though striking, was not very great. At first we experienced considerable difficulty in our efforts at reduction, but, persevering steadily in the use of the chloroform, at the end of about half an hour the muscles began to relax, and we effected the double purpose of reducing the dislocation, and relieving the disease, as he slept soundly the entire day afterwards, without the slightest tendency to delirium, which was most active up to the time the chloroform was used. My reason for recording the case is the rarity of its occurrence, many surgeons in extensive practice having never seen it—Sir Astley Cooper but twice in 38 years.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XVI.—*A Treatise on Operative Ophthalmic Surgery.* By H. Haynes Walton, F.R.C.S.E., Surgeon to the Central London Ophthalmic Hospital, and Assistant Surgeon to St. Mary's Hospital. First American from the first London Edition. Illustrated by 169 engravings on wood. Edited by S. Littell, M.D., author of a Manual on the Diseases of the Eye, &c. &c. Pp. 599. Philadelphia: Lindsay & Blakiston. Montreal: B. Dawson. 1853.

We feel pleasure in having an opportunity to record our approbation of the highly important addition, bearing the above title, that has lately been made to ophthalmology. An attentive examination of it has afforded us much gratification and information, and we feel assured that no one will rise from its perusal without experiencing admiration for the talents and industry which have produced a work, remarkable alike for its scientific details and sound precepts, and feeling thankful to its author for having made them public.

The reader will find a lucid description of the states of the eyes requiring operation, their signs, causes and consequences; the surgical procedures which have been devised for their removal; the principal methods and plans first fully stated, and then reviewed with ability, after which the author describes his own practice, particularizing wherein it agrees or differs with that of others. The unfavorable results that may attend operations are noticed, as well as the best means for their relief, and the whole is fully interspersed with a narration of his experience in private and public, together with the record of numerous cases, both original and selected.

The merits of the work may be best determined, however, from the following synoptical view:—

Mr. W. questions the opinion that the common source of failure after the operation for symblepharon is the adhesion of the surfaces, and is disposed to refer it for the most part to the occurrence of contraction in the new formation. He has been induced to attribute all forms of entropion to one and the same cause—muscular action—and from dissections which he has made, finds that the orbicularis is about twice as thick for about the one-sixth of an inch over the edges of the lids than elsewhere, redder, larger, and more compact, although it is generally said to be thinnest and weakest there. The older anatomists seem to have given a natural description, but it has been subsequently overlooked and neglected. He adds a very full anatomical account, speaking of it as a distinct muscle, and represents it in a drawing. Mr. Key considered the inverted tarsus to arise from the action of the orbicularis; and M. Desmarres has not overlooked its influence, but he does not recognise its general operation, and neither of these gentlemen have shewn with the precision and correctness of Mr. W., its exact bearing upon the affection in question. He also suspects that, in many cases, diseases of the dense fibro-cellular tissue in which the cilia bulbs lie, play no inconsiderable part in producing permanent entropion. In operating for staphyloma, he is in the habit of leaving the lens, contrary to general practice, for, after the irritation of the eye has been removed by the operation, all unhealthy action is at an end, and the lens is not, as is supposed, likely to become osseous or cretaceous, and is a preventitive to the escape of the vitreous humor. Has not found decided benefit in staphyloma of the sclerotica, with disorganization of the eye, from the evacuation of watery fluid wherever accumulated, as it will be sure to recur, unless suppuration ensue, and directs, that after pricking the projecting point to let out some of the fluid to make it flaccid, to remove what may seem requisite, or a part of the cornea, for a more symmetrical stump. It has long occurred to him, that the lenticular coloration of age is, now and then, in itself intense enough to produce cataract. Morgagnian cataract is shewn not to result from opacity of the fluid between the lens and capsule, as no such fluid exists, but from a change in the transparent nucleated cells, which naturally connect the two together. In treatment of prolapsus iridis avoid all irritating applications, as nit. silver, &c., as well as snipping it away, and endeavor merely to keep the eye quiet. The only exception to this line of treatment lies in staphyloma iridis, when he employs puncturation.

In operating for the radical cure of trichiasis, his manner is the following:—An assistant behind the patient makes the lid tense, by drawing its external angle outwards with the one hand, and with the other raises the brow "With a scalpel I cut through the skin in the direction of two lines, meeting at their ends, and enclosing an ellipsis, the one nearly

parallel with the free border of the lid, the other three or four lines from its centre, and arched nearly like the eyebrow—the enclosed flap is dissected off, without interfering with the subjacent muscle, and commencing at the inner angle. The edges are then brought together by 3 or 4 sutures." In extirpation of the cilia, he has lately practised the following operation, which, by saving the skin and preserving the natural appearance of the edge of the lid, is an improvement on the usual mode. Three incisions are made, one at each corner, and one close along the margin of the lid. The flap of skin is then raised and held back, the cilia dissected off, and a few sutures applied. No lashes need be left behind, if great caution be observed, the tenaculum forceps used, and sponge nicely applied by an assistant, so that the operator may clearly see the several steps of his course. In his operation for entropion, he makes incisions like these in trichiasis; but, in removing the included flap, is specially careful that it shall comprehend the muscle, the success of the operation depending upon its thorough ablation. No ligature ever been needed, for an arterial jet has been checked by temporary pressure. Sutures as in trichiasis. It is seldom that any trace of the operation is seen after the interval of a few months, sometimes weeks. He has operated in about 50 cases, and in none has bad symptoms supervened.

In cutting for squint, his success has depended in cases where there has been conjunctivitis, upon thorough division of the scaly conjunctival cellular tissue, which normally is very thin, but then is much thickened, and is frequently divided under the idea that it is muscle or tendon—a mistake which may be avoided by never raising the hook until the tendon-like surface of the sclerotic is seen. He makes an artificial pupil in closure of this aperture from inflammation, &c., with a clear cornea, in this way:—The lower lid being in charge of an assistant, he raises the upper, with the same fingers steadies the globe. He divides the cornea at its outer part with an iris knife, which he carries across the anterior chamber and penetrates the centre of the iris, thrusting the blade up to the shoulder. The aperture thus made is about the third of the diameter of the iris, elliptical and vertical. Its great advantages are being executed through the cornea, certainty of making the pupil at the desired spot, and division of the iris before the aqueous humor is lost.

We observe that Mr. W. has invented a few instruments, and improved some old ones. He has diminished the proportions of Beers' knife for cataract extraction, so as to measure from point to shoulder 8-10ths of an inch, and across the broadest part 4-10ths—a change which Dr. McKenzie, however, believes to be fraught with disadvantages. A very ingenious instrument, lately contrived, is a guarded curette. The point is concealed by a little guard, so that when the instrument is closed, it is dull, in consequence of which it can with great ease

and safety be carried to the required spot, when it is opened by pressure on a trigger in the handle, used, then allowed to close by remission of the pressure, and withdrawn.

The second chapter is devoted to the consideration of ophthalmic instruments, and gives a full account of those in more common use. Speaking generally, Mr. W. prefers wooden to ivory handles, as they can be held with more ease and freedom, and those which are smooth to those which are crosscut. Recommends the points to be tested on a drum of kid skin, stretched over a cylinder; by its mere weight the instrument should insensibly penetrate the tissue. Scissors are best tested by closing the blades on wet bibulous paper gently, and without lateral pressure, if sharp they will readily divide it.

A new instrument has been invented for operating in capsular cataract, which was brought out in the great Exhibition: it is very simple and ingenious. The blades are brought into play by a canula, which encloses them; shutting when the canula is pushed forwards, and opening when it is withdrawn. They are made either with tenaculum or sharp capsule points. At the shoulder is a screw to adjust the length of blades for the canula to work over.

We had prepared a digest of each of the chapters of this important work, which want of space alone prevents us laying before our readers. In lieu, we shall make a very few notes of their contents or most prominent features. The 3rd chapter treats of injuries from mechanical and chemical causes, and embodies a complete account of the various pathological states by which they may be followed. The various consequences of injuries, as rupture of eye coats, laceration and detachment of iris, displacement of lens, &c., are spoken of. Wounds of the various parts are then investigated; and, lastly, chemical injuries from combustion, gunpowder, lime, &c. In the 4th chapter he speaks of foreign bodies; and we find that Dr. Jeannett's recent proposition to dissolve particles of iron from the cornea by sol. sulph. cupr. gr. j–iij. to ʒ j water mentioned as useful in the absence of the surgeon, but not a substitute for mechanical removal.

Chap. V.—Affection of eyelids. Not unfavorable to transplantion of eyelashes; for if the follicles are perfect, why should not the hairs be nourished by the living tissue in which they are imbedded? There is a complete description of en and ektropion, from which we have already drawn. He details Dieffenbach's plan of operating on the lids by lateral sliding, but says he has no practical acquaintance with it and knows of no surgeon who has.

Chap. VI.—Affections of puncta, canaliculi and lachrymal tube. A delicate fusiform probe is depicted and described as superior to the thin flexible wire for exploration. Obstruction of lachrymal tube is regarded as

generally of a scrofulous origin; and a very remarkable case is given that got well solely by change of climate. The best guide in passing the style is a spot a little below, and internal to, inferior punctum, the usual guide—the tendo oculi—not being available when disease exists.

Chap. IX.—Incision of conjunctiva in chemosis. For this purpose he makes four cuts from "spot of reflection and chemosed conjunctiva on cornea, carrying it along the sclerotic to sinus of lid, then depressing the handle, and including within the curve of the blade the swollen conjunctiva of the lid."

Chap. X.—Strabismus. Many of our readers doubtless know that this operation has fallen into disrepute from the liability of the deformity to recur. Mr. W. has never had a case of failure or relapse—believes want of success due to the operator not effectually dividing the muscle. Has operated on many when first operation failed in other hands, and has always found a piece uncut. Dissents to division of other than recti muscles. When operation on external rectus not enough, must resort to ligature, after the method of Wilde, which he details.

Chap. XI.—Tumors. The various kinds as they spring from the different parts—the lids, conjunctiva, sclerotic, cornea, orbit, &c.—are all fully discussed and amply illustrated.

Chap. XII.—Protrusion eyeball from—I. Causes within the orbit, including those arising from anœmia, rheumatic inflammation within the orbit, periostitis of the orbit and disease of the optic nerve. II. Causes external to the orbit, including morbid changes in the cranium, zygomatic fossa, maxillary sinus, nasal fossæ and sphenoidal sinus.

Chap. XIII.—Staphyloma. Mr. Jones' explanation is adopted, "that corneal staphyloma forms, when the iris is partly exposed by the loss of the cornea, being covered by an opaque, firm tissue, like that of a cicatrix. The liability of the lens to become osseous or calcareous, is clearly established. Recommends early removal of a greater or less part of the tumour as the best preventitive to total collapse of globe.

Chap. XIV.—Conical cornea. Chap. XV.—Removal of opacities of cornea. Prefers trusting to nature than to paring, more especially while any existent inflammation. Introduce the subject of transplantation of the cornea, of which investigation has removed all hope of its efficacy.

Chap. XVI.—Cataract. Of the operations, he considers displacement essentially bad, from making the cataract a foreign body in the eye, and should only be resorted to when extraction would be dangerous or positively unsuited. The difficulties of extraction have been greatly exaggerated; and in performing, prefers upper flap. Uses curved needle in displacing. Does not describe simple depression as it is now superseded. Breaking up he takes to be the safest as regards immediate danger,

and is most successful in congenital cases. Adduces strong arguments in favor of advantages of anterior over posterior operation.

Chap. XVII.—Entozoa within the eyeball. Chap. XVIII.—Artificial eyes. Chap. XIX.—Malignant affections. After an accurate statement of the histology and anatomy of their growths, he discusses, at length, the question of operation. Conceiving the sore or tumor to be merely the outlet of the materies morbi lodged in the system, interference, he believes, must lead to disappointment. No combination of circumstances can warrant extirpation in encephaloid disease of eyeball; and no unequivocal case of success is on record. Cannot speak so positively of schirrus, but is adverse to operation, judging from results of operations on other parts than the eyeball, similarly affected. Operation in melanosis more fortunate, but extended inquiry is necessary. As a rule, some remarks apply to malignant disease of orbit and lids. His mode of operation has already been stated.

Chap. XX.—Artificial pupil.

Chap. XXI.—Extirpation of the eyeball. In conclusion, we would especially allude to the present edition of Mr. W.'s work. With the exception of the 1st chapter on the history of ophthalmic science, it is in every particular a faithful copy of the English prototype. Dr. Littell has enriched it with frequent valuable notes. Many contain some very useful hints, as application of extemporaneous nitrate silver, by dipping a silver probe in nitric acid, while others embody fundamental information of great value, as his note upon the ocular fascia, p. 303. Dr. L. has found the best treatment for the stubborn affection known as granular lids to be occasional application of nitr of silver gr. x. xx. to ʒ of water. We congratulate the publishers in having obtained the services of so talented an editor, one who has already acquired considerable fame as an oculist.

XVII.—*A Manual of Obstetrics*. By J. F. Cock, M.D., Physician to the New York Lying-in Asylum, to Bellevue Hospital, &c. Pp. 239. New York: S. S. & W. Wood. Montreal: B. Dawson.

Our young friends, who are preparing for examination, and wish to be up in obstetrics, will find Dr. Cock's manual to be just the book they need. It is incomparably the best *multum in parvo* we have seen. In a few short pages it gives the chief points of the subjects within its province. The style is didactic, the expressions terse, and verbiage has been eschewed. It is the sort of production the student aims at in taking notes of lectures. As an example of the plan followed, it may be mentioned, that the description of the forceps gives a *precis* of its history, value, varieties, use, action, frequency of use, results, cases for, not appli-

cable, period for operating, considerations in, summary, preliminaries, position, introductions, special rules for different positions, dangers, caution; and all this within five pages. Here a few bold strokes have dexterously pourtrayed the figures, and it would have been well, for the uniformity of the picture, if Dr. C. had always observed the same practice, instead of breaking it by occasional excess of shading. Thus, under chlorosis, we find, "when the tongue is clearer and bowels are free, conjoin iron with aloes, tinc. fer. mur., vin fer., mist. fer co., carb., iod., sulph., acet., lactate, citrate, persesquinit. pulv. fer., or "Quevenne's metallic iron," Vallet's mass, iron with myrrh, carb. fer, pulv. myrrh et pulv. zinjib, sulph. fer with sulph. quin. ferri et port. tart." A few more, and the list of martial preparations, officinal and magistral, would be complete. The situation of the pelvis is so important, that it is given first "positively," next "relatively," and then "usually." In such a work, the phraseology is necessarily peculiar, and if not carefully minded, makes strange sense, as "*number of bones* composing (pelvis): in adult four; in early life more; for obstetrical purposes four principal." The strangeness here lies in the concluding part, which leads one to enquire what other bones there are for obstetrical purposes than the principal—whether the four principal are the same as, or different to, the four in the adult; and what are the peculiarities of bones adapted for obstetrical purposes?

The fullness of detail noticeable here and there is really pleasing. For instance, we find the terms for the period of the final cessation of the catamenia to be "change of life," "term of life," "critical time or age," "dodging period," "meno-pause." The coupling together of means subservient to a common end is now and then so surprising, that it cannot fail to leave a durable impression on the memory. Among the measures for the cure of chronic leucorrhœa are, "shower bath to loins and pickled towels."

The same may be said of such amusing sequences as this, met with among observations on menstruation. "Instances of 9 months, 18 months, 2 years, 3 years, &c., (query, should girls ever marry until menstruated,)" so that if you say no, you virtually admit that some may be mated at uncommonly tender periods.

It is more important, however, to notice that the explanations of occurrences are sometimes defective, as the cause of quickening, which is thus stated, "while uterus is in pelvis, which has not nerves of sensation, motion is not perceived; rising into abdomen, motion is appreciated." Here a fact—the rise of the uterus—is stated, and its expression so run into that of a falsehood—no sensory nerves in pelvis—as to be passed off for a rationale of the fact itself. The more astonishing, because, even if admitted for argument's sake, it does not unravel the intermission and rare accidence of quickening.

We do not subscribe to the following practice in vaginal examinations. "Position on back, covered completely, aperture in sheet for speculum," by which is meant, that the patient be covered by a sheet with a hole in it, opposite the vulva, for the insertion of the instrument, instead of using it in the common obstetric position, and scarcely necessitating exposure, as in the simple plan followed without parade or indecency.

If there be any part of Dr. C.'s work better than the rest, it is that in which he arranges and discusses the various forms of uterine hæmorrhage. We observe that he touches on several practical topics, recently much noticed, as primary removal of placenta in placenta prævia, placental apoplexy, value of chloroform, &c. The greatest novelty to us is the alum plug, or the application to the cervix of a lump of alum. Whether it is the Doctor's own or not we are uncertain: we rather think not; as he gives us to understand his work is but a compilation, and makes no pretensions to originality. This last circumstance should have cautioned him against recording statements as true, which are really of very questionable veracity. He says, "the menses is blood mixed with vaginal mucus and uterine epithelium," and as he has given no authority for this, we must be doubtful as to its source. We know that Bouchardat shewed that the elements of this fluid are those of arterial blood; but this does not establish an identity, for when the analysis is extended, it is found the proportions vary, and the blood globules have lost important characters; so that the menstrual fluid is a secretion: a view made more evident by the researches of LeCanu and Denis, which prove that it contains more water, less albumen and globules than blood. So great are the differences that medical jurists have tests for the discrimination of the stains of the two, and accoucheurs have long since recognised profuse menstruation from uterine hæmorrhage. Dr. C. is right about its admixture, but it would have been more correct to have said with utero vaginal mucus and epithelium.

XVIII.—*Diseases of the Liver.* By George Budd, M.D., F.R.S., Professor of Medicine in King's College, London, and Fellow of Caius' College, Cambridge. Second American, from the last improved London edition. With Colored Plates and Woodcuts. Pp. 468. Philadelphia: Blanchard & Lea. Montreal: B. Dawson.

This, the last edition of Dr. Budd's invaluable treatise on diseases of the liver, has been brought out in first-rate style, capitally finished, well printed, on excellent paper, in clear type, and illustrated by four splendid plates, the coloring of which is admirable, and done with singular beauty

and accuracy, so as to preserve the whole of the original effect intended. We question if it be possible to excel their execution.

This edition is merely a transcript of the latest copy published in London, and has not had the advantages of an American editor, which we think is rather an omission, as it materially lessens the value of the work, for all will agree that its utility would have been greatly enhanced by the addition of notes illustrative of the peculiarities or similarities of liver disease on the American continent, where a much more extensive field of observation is afforded than that to which the European practitioner is limited. The balmy south, which is ever breathing forth its bilious remittents, yellow fever, cholera, &c., and whose every sigh is opposed by a profuse expenditure of calomel, cannot but be a hot-bed for every species of liver affection, and be a last resting-place for myriads of its victims. Why, then, was not the present edition consigned to a censor well versant in such matters, who, by his experience, might have instructed the practitioners who, like himself, are called upon to meet the foe in its stronghold, and thus have made this volume more suited to their actual requirements. Before the issue of another edition, we would have Messrs. Blanchard & Lea duly consider the subject. In Canada, the most common of the diseases treated by Dr. Budd are cirrhosis; fatty degeneration; gall stones; jaundice; congestion; excessive and defective secretion of bile and cancer. He has treated each of these elaborately, and no other work will be found in which they are so satisfactorily and scientifically discussed, and we hold any practitioner culpable who attempts to undertake their management without first making himself master of their detail, as given by Dr. B. Upon some of the subjects, even acknowledged authorities have gone sadly astray. Andral, the renowned pathologist, states the proximate cause of cirrhosis to be an hypertrophy of the white, and an atrophy of the red substance of the liver; displaying thereby not merely his primitive notions of hepatic structure, but his vague idea of the nature of the action instituting the abnormality. This error arises from the excessive cultivation of clinical study, and the utter neglect of physiological anatomy and organic chemistry, healthy and morbid. Dr. B. has avoided it by a judicious combination of the three grand elements necessary to acquire a knowledge of the workings and signs of disease, and this is one great reason of the superiority and excellence of his learned production.

XIX.—*Principles of Medicine; comprising General Pathology and Therapeutics, and a brief general view of Etiology, Nosology, Semeiology, Diagnosis, Prognosis, and Hygienics.* By CHARLES J. B. WILLIAMS, M.D., F.R.S., &c. Edited, with additions, by Meredith Clymer, M.D., &c. Fourth American edition, revised. Pp. 476. Philadelphia: Blanchard & Lea. Montreal: B. Dawson.

We have always regarded Dr. Williams' Principles of Medicine as the best treatise on general pathology that could be placed in the hands of the student of medicine. It contains so much varied and important information, treated in a clear, concise, and practical manner, it cannot fail to be highly instructive to all who study its pages. That it has attained a great popularity in America, is sufficiently evidenced by the fact, that the volume lying before us is the fourth edition; and, so satisfied are we of the soundness, in general, of the principles it contains, we hope the enterprising publishers may soon have to issue a fifth edition.

The author has made new and extensive additions, embodying "most of the facts and established deductions made available to the science and art of medicine during the last few years." Among the new matter, are some remarks on the rationale of cod liver oil in the treatment of cacoplastic and aplastic diseases. An opinion has very generally prevailed, that cod liver oil owes its efficiency entirely to the iodine and bromine which it contains. Bennet, Neligan, Pereira, and others have given this view the sanction of their authority. The French School of Medicine has entertained the same idea; for, no later than last year, the Academy appointed a committee, consisting of MM. Guibourt, Souberain, Gibert, and Ricord, to enquire into the therapeutical properties of a combination of iodine and oil, which M. Marchal had employed from 1848. Formulæ for the iodined oil had been proposed, likewise, by MM. Personne and Deschamps. The report of the committee was favorable. More recently, M. Trousseau has recommended patients to butter their bread with a preparation containing the iodide of potassium.

Dr. Williams "thinks it scarcely necessary even to advert to this supposition, still entertained by *a few*," but adopts the views of its action held by Dr. Ascherson of Berlin. Dr. A. first discovered that when albumen is brought into contact with fluid fat, it coagulates and forms a thin film enclosing a particle of oil; and he pointed out that, in the process of nutrition, oil globules are essential to the formation of cells. In tuberculosis there exists a mal-nutrition, arising from a deficiency of fat, of which the rudimental molecules of all the textures of the body consist. This deficiency the cod liver oil supplies, and thus sustains nutrition and vitality. Other oils, he believes, would act quite as beneficially. This explanation of the *modus medendi* appears very plausible, but recent

observers, who have tried different oleaginous substances, have failed to obtain from them results as satisfactory as they have obtained from the employment of cod liver oil. Dr. Cotton in an essay "on the Nature, Symptoms and Treatment of Consumption," states, that "with a view of ascertaining the value of substances bearing more or less analogy to cod liver oil, I have made repeated trials of train oil, the oil of the spermaceti whale, and neats foot oil, as well as of linseed, almond and olive oils." The conclusion he arrived at was, that these oils possess in a very slight degree the remedial properties of the cod liver oil. A third opinion has been announced by Falker of Heidelberg, who believes its virtues depend on the gum-resin it contains.

It is our opinion, that the remarkable therapeutical properties of this oil are not to be attributed to any *one* of the ingredients entering into its composition—to the iodine, bromine, fatty matter, or gum-resin alone; but to the peculiar combination of the whole, which naturally exists in the oil as obtained from the liver of the morrhua vulgaris. And we believe, that the artificial substance which approaches nearest, in composition, to the natural oil, will be the one which approaches nearest to it in its effects in cacoplastic and aplastic diseases.

XX.—*Physician's Visiting List, Diary and Book of Engagements for* 1854. Philadelphia: Lindsay & Blakiston. Montreal: B. Dawson.

Medical men have complained that from the hurry and complexity of business, they have often forgotten appointments of consequence, and omitted to insert entries in their blotters. As a natural consequence of this, they have suffered both in fame and pocket. This serious misfortune need not again be incurred, for the spirited publishers, Lindsay & Blakiston, have brought out a *libellus* with the above title, in which the practitioner may always have by him his list of patients, his professional engagements and his day-book, as well as a diary or memoranda. Its cost is but a trifle, and as its utility is unquestionable, no one should be without it. It can be had so as to answer for 25 or 50 patients per week. We have been favored with the smaller copy which may do for the coming year, but we hope to need the larger one in 1855, and would have our liberal friends treat us accordingly.

CLINICAL LECTURE.

Clinical Lecture on Wounds of Blood Vessels of the Lower Extremities. By William Lawrence, F.R.S., Surgeon to St. Bartholomew's Hospital. (Condensed from the Medical Times & Gazette.)

Large extravasation of blood from rupture of a vein (?) caused by a fall on the leg.—Henry Connell, 45, temperate, admitted January 8th, 1847. Although always healthy, he was probably of hæmorrhagic idiosyncrasy, having ten years before bled profusely for two days and nights, after extraction of a tooth. Two weeks before admission he struck the front of the leg against the stump of a tree, and fell into a ditch, feeling so little uneasiness at the time that he continued his usual employment. The evening following, the limb became painful, and in two days more was considerably swollen, red, hot and tensive. He applied at a dispensary, where, with other treatment, he was bled to 20 oz. On admission, the leg was greatly and equally swollen from the knee to the toes, bright red and acutely painful. General health not impaired. The upper part in the fibular side, fluctuating, was incised by the House Surgeon.—About 8 oz. of black blood, partly coagulated, partly fluid, escaped, with immediate relief. 9th—Slept well, but lost many ounces of blood in the night, requiring the use of the tourniquet. Pulse 60 and weak. No pulsation in the tibials. From the great swelling, tension, hæmorrhage and want of pulsation, my colleague, the late Mr. Earle, and myself, concluded that an important vessel had been injured, and as the situation of the injury could not be made out, we determined on amputation, but the man objected. Cold was applied, tourniquet removed; slight bleeding during the evening. 10th—Bleeding to a few ounces during the night. To ascertain its source, the former incision was enlarged, and found, that the effusion was under the integuments. The incision was now extended up and down, exposing an immense cavity from which between 1 and 2 lbs. of blood, fluid and solid, were turned out, but no bleeding vessel could be seen. A small artery, cut in one of the incisions, was secured. The wound's edges were loosely approximated and cold cloths put on the limb. About 3 lbs. of arterial blood escaped during the evening from numerous minute orifices, rendering the pulse very slow and feeble. An opiate at bed time. 11th—Slept well; slight bleeding, its source not discoverable, as it seemed to be the upper part of the wound, this was closed by plaster and subjected to pressure. Leg elevated by pillows and covered by wet cloths. Circulation kept up by wine. 13th—Hæmorrhage has not recurred, and the limb is quite easy. Pus discharging freely from the wound. Healing went on favorably, and was completed by the end of February. It is not improbable that there was a rupture of a vein or veins in this case, and that the alarming continuance of bleeding depended on peculiarity of constitution.

Deep stab in the left groin; profuse and nearly fatal hemorrhage; ligature of the external iliac artery on the second day; death on the sixth; wound of the circumflexa ilii.—James Walsh, 55, stout, intemperate, generally healthy but had a cough for the last few weeks, was brought to hospital May 18, about 3, a. m., countenance was of deathy paleness, skin cold, pulse extremely feeble and occasionally imperceptible, nearly unconscious and as if dying from loss of blood. Clothes from the neck

down, and bed on which he had lain, soaked with blood, and much recent coagula about the left side of the abdomen and pelvis. These when removed, exposed an incised wound between one and two inches long, parallel to Poupart's ligament and a little above it, not far from the anterior superior spine of the ilium. A director was passed backwards and inwards for four or five inches as if towards the iliac vessels. At the time, no history could be got, but subsequently he stated that about 1 a.m., while standing at his door he was stabbed from before, the blow being directed from above downwards; that blood instantly gushed out, but that he walked up stairs alone, and it continued to flow for 1½ hour, no effort being made to check it. He said he had been drinking, but was not intoxicated. His trousers and a very thick pocket had been cut through by the blow. On careful examination it was thought the peritoneum was not wounded. The arteries of the limb pulsated very feebly, like those of the wrist. Slight oozing of colored serum from the wound, but no bleeding. He was placed in a warm bed, and had brandy and water from time to time, the wound being covered by wetted lint. He slept much during the day; in the evening the pulse had improved, but was still feeble; countenance and skin had got their color and warmth. 19th—Had slept well; no more bleeding; slight serous exudation; no pain nor tenderness; no pulse in left femoral till near the middle of the limb, when can just be felt. Postr. tibial pulsated feebly, but not the anterior, though an artery, which probably supplied its place could be felt near the outer side of the foot. Right femoral perceptible in entire course; pulse improved. We now considered the propriety of adopting some proceeding to discover the source of the bleeding, as it was expected to return when the circulation regained its strength, since it had ceased from weakness. In his enfeebled state the loss of a few ounces of blood might be fatal, while the difficulty of exploring so large a wound, when filling with blood, would be almost insuperable, especially at night. With the approval of my colleague, I determined to enlarge the wound and discover the wounded vessel. The iliacs were suspected, from the absence of pulse in the upper part of the limb, as well as from the course and depth of the wound. He was chloroformized during the operation, which was tedious from the depth of fat under the skin, and the thickness of the muscular parietes. The outer wound was enlarged both ways, the subjacent parts divided and turned aside, so as to expose the external iliac, which was tied just above the origin of its branches. Not more than a tablespoonful of blood was lost. The wound was closed by sutures and plaster, and leg covered with cotton wool. As he was restless, at bed time 3ss tr. opii was given. 20th. Slept well, though numbness and aching were felt in front and back of thigh, down to instep and foot, and still continue. Both limbs of same heat (97 F.); no tenderness round the wound, though it feels sore; bloody serum, mixed with oil globules flows from it. Pulse 136, small and compressible; skin warm and moist; thirst. Wine 6 oz. and porter one pint daily. 21st. Noisy towards last evening, but slept some without opium. Pulse 116, full, but compressible; thirst less; appetite good. 22nd. Bowels acted freely and copiously for first time since admission, after an aperient last night. At bed time, took tr. opii 3ss, and slept well. Weaker this morning, though less listless. Pulse 128; skin cool and moist. Wound less moist, dark, but not painful; discharge offensive. Left limb numb,

equally hot as the other; both a few degrees lower than yesterday. Was much excited about the middle of the day, and restrained with difficulty. Very thirsty; tr. opii gtt. xv in the afternoon, and xxx. in the evening. 23rd. Slept well; pulse 124, and very small; skin cool and moist, after profuse perspiration; mouth and tongue dry. Right foot 93 deg. F., left, 87 deg. 12 oz. of wine and porter. In the afternoon the pulse got very rapid and small; the hands out of bed were cold; general cold and clammy sweat; belly tympanitic. Strong stimuli were given, but he gradually sank, and died in the evening.

Examination 17 hours after death.—Surface completely bloodless and pale. Left leg and foot a little discolored over the superficial veins. Wound dark, and covered with a thickish offensive secretion; not inflamed; no attempt at repair. Peritoneum, even over the injury and seat of operation, as well as viscera, bloodless. Subserous cellular tissue considerably ecchymosed. A few short, very thin and transparent adhesions of sigmoid flexure of colon to neighboring peritoneum, evidently of old date. Heart small and empty, very little blood in coronary vessels. Brain and membranes almost bloodless. Some serum in the sac of the arachnoid, latter partly opaque over the cerebral hemispheres. Cellular tissue around the iliacs infiltrated with blood. Psoas and iliacus muscles ecchymosed and softened. No lesion of any large vessel in the course of the wound. Circumflexa ilii divided about an inch beyond its origin, but orifice closed. External iliac artery filled with a recent coagulum from ligature to common iliac, and had a similar but shorter one below the ligature, although tied close to epigastric. Hence, although a clot is prevented from forming on the cardiac side, when a ligature is tied close below a collateral branch, the same does not happen on the distal side under like circumstances. The internal and middle coats had been divided by the ligature; they were involved in the coagulum, and had not united. The external coat was entire, and with the ligature would have kept the vessel secure till the coagulum had permanently sealed together its sides. The inner seat of the femoral was considerably diseased, and its calibre greatly lessened in consequence—the most likely cause of the want of pulse in the upper part of the thigh. Patches of opaque yellow deposit in the inner coat of the external iliac artery. That the bleeding from the wound, in this case, although it ceased spontaneously, and was not renewed was the cause of death, cannot be doubted. It is equally clear that the blood came from the circumflexa ilii, about an inch from its origin. Fatal hæmorrhage is not expected from a vessel of this size; but the danger is from the magnitude of the trunk, and the vicinity of the wound to the origin of the branch. Mr. Liston related a case of bullet wound of the upper part of the thigh, when the blood flowed most impetuously and profusely, being thrown in jets to a considerable distance—it was said 2 or 3 feet. The patient was found almost lifeless, and was with great difficulty recovered from the syncope and depression. After death, from other causes, the bleeding was found to have come from one of the superficial branches of the femoral artery, about half an inch below Poupart's ligament, divided about an inch from the trunk. Again, the division of small branches of arteries, not of the first order, has been fatal. Thus a patient bled to death after the operation for strangulated hernia from wound of the pubic branch of the epigastric artery. In another like operation, the same result hap-

pened from wound of the same, or an equally small branch of the epigastric. The same has happened in France, *vide Medécin Operatoire* of Sabatier.

The history of the occurrence, as given after the operation, agrees with the dissection, that the bleeding was from the circumflexa ilii. If the external or internal iliac had been wounded, we cannot suppose he could have walked up stairs, bled for an hour and a half, and then recovered. Hence in estimating the nature of an injury, it is of first importance to know all that has happened subsequently to its infliction, and particularly the mode, duration, and quantity of the bleeding. The want of pulsation in the upper part of the thigh, added to the difficulty of the diagnosis, naturally suggesting wound of the external iliac artery.

Wound of the Femoral Artery on its posterior aspect—division of the vessel and application of three ligatures—recovery.—A girl, æt. 6, was admitted, under my care, in the summer of 1848, with a wound in the thigh, from which blood had been lost in a bright red stream with a powerful jet, made accidentally by a pair of tailor's scissors with which she had been playing. When seen, she was cold and almost pulseless, and the bleeding had ceased. There was a punctured wound, not exceeding 1-6th of an inch in its external dimensions, a little below Poupart's ligament, and between 1 and 2 inches externally to the femoral vessels. The hæmorrhage did not recur. The leg and foot were cold, and no pulse in artery of thigh or foot. She was placed in a warm bed, when the circulation soon recovered, and a damp cloth was kept on the bend of the thigh. In 3 or 4 days there was a slight fullness about the femoral vessels which pulsated, but no pulse felt in the arteries of the limb. The wound was now closed. As there was no doubt of the femoral being wounded, with the approval of my colleague, I proceeded to expose and secure it, and did so after more than anticipated difficulty and delay; for although the surrounding tissues were rather condensed, the artery was readily exposed below Poupart's ligament; it pulsated naturally and seemed uninjured. On its outside, however, I thought I saw a nick through the cellular tissue, which still connected the vessel laterally, and which seemed to be the end of a wound in its posterior part. So as to tie the vessel, I detached it cautiously, when arterial blood flowed freely from behind. To get enough room, Poupart's ligament was cut and I tied the vessel high up. Even after this the blood flowed, and with equal freedom. A ligature was necessarily placed below the wound; the bleeding continued. I next divided the artery between the two ligatures, and as blood issued from the upper end, a third ligature was put over the orifice just below the first, which effectually stopped the bleeding. She was put to bed in such a position as to bring the sides of the wound accurately in contact, which were covered by a damp cloth, neither suture or plaster being required.

The condensed cellular tissue around the femoral vessel impeded the operation. The position and extent of the arterial wound was unknown, from being out of sight. It might and perhaps did involve both deep and superficial femorals. The dissection had to extend above Poupart's ligament, and as this was doing, the trunk had to be compressed above. These circumstances, with the age of the patient, explain why the operation lasted over an hour, and could not have been completed cautiously in less time. Chloroform was given moderately all the time;

without it the object could not have been attained, or only with risk to life, from the continued and severe suffering and the greater loss of blood. Besides its primary effects, it facilitates the cure. After taking some fluid refreshment, she slept tranquilly for some hours. She awoke for a short time and then slept well for the night. At midday she was cheerful, seemed hearty, without illness or suffering. She progressed to complete recovery. The limb was kept warm, artificially, especially after leaving bed, as then it was most susceptible of cold. As she did not return after her discharge, it is likely this gave no further inconvenience.

This case is intelligible by assuming that the profunda femoralis arose between the two first ligatures, and that it afforded the bleeding which required the third. Of course, this could only be ascertained at the time of operation, and would have necessitated a dangerously extensive dissection.

THERAPEUTICAL RECORD.

(Braithwaite's Retrospect, 1853.)

Fever.—As a tonic, guaeo (Mikania guaeo) is a most valuable drug after the fever has passed off; its effects were magical, where quinine produced restlessness, thirst, and headache.

Erysipelas.—Apply the following to the skin:—Collodion 30 pts., castor oil, 2 pts., mix. Apply it once a day for three successive days to the part attacked. A cessation of the burning pain, and the disappearance of the redness takes place.

Hernia.—The rule of practice should be, that in cases of strangled hernia, the parts should be freed with the least possible delay. The taxis should not be resorted to where constitutional symptoms have manifested themselves, or in those cases where the local pain or tension show the encroachment of lesions which, if unchecked, must prove fatal; or lastly, where strangulation has been protracted beyond a few hours.

Chapped Nipples.—Balm for, ℞ ol. olivæ, ʒx., Venice turpentine, ʒij., cera flav., ʒi., rad. anchus, ʒss.; boil together, strain, and add of bals. of Peru, ʒiiss., camphor, gr. ix½, stir constantly until cold.

Lead Colic.—Comp. ext. colocynth, with calomel and opium, is the best purge. To prevent the constitutional effects of the calomel, combine these remedies with croton oil. Acute cases are relieved by a bath containing the sulphide of potass. in the proportion of 4 oz. to 30 gallons.

Menorrhagia.—During an attack of the hemorrhage, let the patient take of ext. matico alcohol, gr. v.; plumb. acet. gr. ij., m. ft. pil. ij. quartis horis. ℞ Secal cornut. sod. biborat. aa. ℈j., mist. acac. ʒss., aquæ cinnam. ʒiij. M. ft. haust. sumt. demid. cum pilulus. No styptic is more powerful than the combination of matico and sugar of lead.

Sarcini Ventriculi.—Give bicarb. potas. and inf. quassia to destroy the fungus, by removing the acidity so essential to its formation and development, and afterwards give sulphite soda to destroy its growth. This salt coming in contact with the acids of the stomach eliminates sul-

phurous acid gas, the destructive effects of which upon parasitic formations are well known.

Tetanus and Hydrophobia.—From the experiments of Dr. Marshall Hall, he arrives at the two following practical conclusions: 1st, That the tetanic patient be preserved from all external excitement absolutely. 2nd, The hydrophobic patient, whilst equally preserved from excitement, should be submitted to efficient tracheotomy.

Tic Douloureux.—Give the following in doses of two tablespoonfuls at once, if the pain is severe. ℞ Ferri potassio tart ℈ij. vini, opii, *m* lxxx., aq. cinnam. ℥viij. *M.*

Ulcer Cancroid.—Give from one-eighth to one-fourth of a grain of ammonio-sulphate of copper, three times a day. It may be continued many months.

Ulcers of the Face.—Malignant.—Pour sulphuric acid on powdered saffron, and apply it in a soft state to the ulcerations. The paste dries and falls off in two or three days, and carries with it the eschar. It will be necessary to apply the eschar several times.

Gangrena Senilis.—Lessen the tendency to overaction by soothing means, confine the patient to bed; debar him from animal food in every form. Give doses of morphia, in proportion to his pain and restlessness. Avoid giving him stimulants, and cover the affected part with a linseed poultice. Under this plan the distressing symptoms gradually disappear, the slough ceases to extend, and the sore cicatrizes soundly.

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

INSTITUTIONS FOR THE DEAF.

If there is one class of human beings which, more powerfully than another, appeals to the sympathies of our common nature, it is that class to whom it has pleased an All-Wise Providence to allot days of absolute silence. We know of no sight more deeply affecting, or more calculated to excite strong feelings of commisseration, than that of a fellow-being afflicted with deaf-muteism. One of the principal channels, by means of which the mind of the individual holds intercourse with the minds of those around him, and acquires correct conceptions of the external world, is completely closed. Harmonious sounds, and, sweetest of all music, the voice of friendship and affection, fall unappreciated on his ear. He sees nature in all her varied and enchanting loveliness—he observes change and motion constantly occurring in things which surround him; but in the absence of the sense of hearing, he fails to realize the meaning of what he sees. The key, wherewith he might unlock the secret, is wanting.

For ages, the deaf-mute has lived out the term of his natural existence in a state not more than a step in advance of the "brute that perisheth." Shunned, hated and ill-treated—designated by every opprobrious epithet that a coarse brutality could invent—obliged by inhuman monsters to perform offices of the most degrading and revolting nature—kennelled with dogs, filthy and half-starved, is it surprising that almost every trace of the god-like image of man was erased from his nature? By the Code of Justinian he was declared incapable of civil acts. The only nation among the ancients, whose laws threw an ægis of protection over the deaf and blind, was the Hebrew. "Thou shalt not," announced the great Jewish Lawgiver, "curse the deaf, nor put a stumbling block before the blind; but shalt fear thy God." (Lev. xix. 14). It was reserved for Christian philanthropism, however, to devise and carry into effect means of instruction, for the purpose of raising the deaf-mute to the position of an intelligent being, capable of exchanging thoughts with his fellows—exercising his reason, and apprehending his moral relations; for, even at the present day, in those countries where paganism holds her sway, his condition is as degraded as it was when Rome and Greece were at the zenith of their power.

Pedro de Ponce, a Benedictine Monk of Spain, was the first, of whom we have reliable account, to make a systematic attempt to instruct the deaf and dumb. He was a native of the kingdom of Leon, and flourished in the middle of the fifteenth century. He has been succeeded by many efficient workers in the same cause, among whom stand pre-eminent the names of De l'Epée and Sicard in France—Heinicke in Germany—Braidwood, Kinniburgh and Watson in Great Britain, and Gallaudet in America. On the Continent of Europe, and in the United States of America, institutions were, from the commencement, erected and supported by grants from the several governments. In Great Britain and Ireland, however, private benevolence anticipated legislative action, and many were in full and successful operation in various parts of the empire some time before the state came to their assistance. From a report presented by Mr. Harvey Peet to the New York Legislature, it appears that there are now 194 schools in the world, in which are employed 449 teachers, and which contain about 7000 pupils. The first was established in Scotland in the year 1760. Of the 194, there are in France 44; German States and free cities 28; Prussia 25; British Isles 22; United States 13; Italy 11; Austria 10; Belgium and Holland 10; Bavaria 10; Switzerland 10; Denmark, Sweden and Norway 5; Spain 2; Russia and Poland 2; Asia 2; Portugal 1; Canada 1. Since we first saw Canada credited in print for one deaf and dumb institution, we have made diligent enquiry as to its location, history, success, &c. All we have learned is, that it is situated at L'Industrie, and that it receives

£150 yearly from government. We know not how many pupils it contains; nor have we gleaned any information regarding the form of instruction adopted by the teachers, or the results which have attended their teachings. No periodical report has, as far as we can learn, been laid before the public. It will be freely conceded that an institution, such as the one at L'Industrie appears to be, is altogether inadequate to the wants of this rapidly increasing province; and it will afford satisfaction to every philanthrophic mind to know, that our Provincial Legislature has voted the sum of £20,000, "for the erection of Institutions for the Deaf and Dumb, and the Blind in Upper and Lower Canada." This sum, which appears in the Estimates for the year 1853, will not, we hope, be allowed to remain long unused. Five months have now elapsed since the close of the last session, and no step, towards carrying into effect the enlightened and generous intentions of the representatives of the people, has yet been taken; or, at least, no notice of any action in the matter has appeared in the daily press. Winter has now set in, and the most that can be done for the next six months is to decide where the buildings shall be erected, and to purchase grounds on which to erect them, so that the work may progress actively during the course of the approaching summer. The question of locality is important, and will, we presume, excite considerable attention. Whatever decision may be arrived at, it is to be hoped that, for once in Canada, merely political or party motives will not unduly influence it. Every minor consideration should give way to those more important ones which enter largely into the probabilities of the ultimate success and efficiency of the institutions.

UNIVERSITY OF QUEBEC.

We have been informed that the present Quebec School of Medicine is about to become incorporated with this institution and to constitute its medical faculty. As such, however, it will not go into operation before the session of the following winter, 1854–55, since it has been found impossible to complete the arrangements necessary for its doing so sooner. It is the intention of the professors, after appointment, to make their University lectures as attractive and useful as possible, and they purpose sparing no expense by which this praise-worthy object may be attained. A pecuniary outlay of considerable amount will be made for the purchase of plates and apparatus to illustrate the subjects of the various courses, and it is confidently believed that in time their position and resources will contrast favorably with those of similar bodies elsewhere. It will be remembered that the University of Quebec is but the ancient Seminary of that city, which has recently received this designation and

been invested with all the customary powers and privileges of a University, from which circumstance it is feared that, as the Seminary was a Roman Catholic seat of learning, under the guidance and management of the priesthood, its subsequent affairs, in a new'y-named edifice, with extended prerogatives, but without material change in its regime or directors, will be so conducted as to render it obnoxious to the charge of sectarianism; but there is as yet no justifiable reason for this apprehension, and it is improper to anticipate evil which may never occur, and against which we have been forewarned by the fate of exclusive institutions peculiar to single religious sects and biassed by uncatholic illiberalism, of which Canada has already afforded too many illustrations.

The communications from Dr. Marsden, of Quebec, and Dr. Peltier, of Montreal, will appear in our next.

ADDITIONAL EXCHANGES.

British and Foreign Medico-Chirurgical Review.—We have received the July and October numbers of this standard periodical from the Messrs. Wood of New York. The British and Foreign, considered as a continuation of Forbes' and the Medico-Chirurgical Reviews, has done more to elevate the standard of English medical literature, than any other similar publication. There are few journals which contain articles exhibiting such deep research and profound thought, as is frequently observable in its analytical reviews.

The excellent manner in which the American reprint is gotten up, reflects the highest credit on the publishers. Published quarterly, at $3,00 per annum.

The Southern Journal of the Medical and Physical Sciences.—We perceive by the columns of this journal that Dr. Scruggs, one of the corresponding editors, has fallen a victim to that fearful scourge—yellow fever. Fearlessly pursuing the duties of his profession, with the thought ever before him, that he was liable, from constant exposure, to be cut down at any time by the disease, he exhibited that moral courage, the manifestation of which constitutes the most elevated heroism, and which has so eminently distinguished, during seasons of plague and panic, members of our noble profession.

The Family Dental Journal. Edited by Dr. D. C. Estes, dentist. Published monthly, at 50c. a-year. No. 1.—The natives, probably, of no other country in the world, possess teeth so liable to premature and rapid decay, as those of the United States. There is not the least doubt,

that a set of teeth, the most of which are in a state of caries, not only disfigures the appearance and pollutes the breath, but is conducive also to various derangements of the digestive organs. Hence, one cause of the great American malady "dyspepsia," for the cure of which nearly all their patent medicines are strongly recommended. As many precautionary measures can be adopted by individuals to preserve their teeth, the Family Dental Journal is a desideratum much wanted, and will, we hope, meet with success.

The New Jersey Medical Reporter.

The American Journal of Insanity.

The Scalpel.

BOOKS RECEIVED FOR REVIEW.

Paget's Surgical Pathology. Messrs. Lindsay & Blakiston. 1853; Ellis' Medical Formulary. Tenth Edition. 1854. Messrs. Blanchard & Lea; Bryan on the Human Ear. From the Author.

RETURN of Sick in the Marine and Emigrant Hospital, Quebec, from the 2d October to the 29th October, 1853, inclusive.

	Men.	Women.	Children.	Total.
Remained,	49	18	1	68
Since admitted,	84	25	5	114
	133	43	6	182
Discharged,	83	15	1	99
Died,	3	5	1	9
Remaining,	47	23	4	74
	133	43	6	182

Fever,	16	Ulcers,	6
Inflammation of Lungs,	5	Wounds,	2
Inflammation of Liver,	1	Contusions,	6
Inflammation of Bowels,	1	Meningitis,	1
Rheumatism,	10	Febricula,	8
Dysentery,	10	Amennorrhœa,	1
Dropsy,	1	Pregnancy,	3
Diseases of Skin,	1	Debilitas,	4
Inflammation of Testicle,	5	Varicocele,	1
Syphilis,	13	Feb. Intermittent,	3
Fractures,	3	Delirium Tremens,	1
Concussion of Brain,	1	Strangulated Hernia,	1
Abscess,	9	Subluxatio	1

C. E. LEMIEUX, House Surgeon.

Quarterly Report of the Montreal General Hospital from 1st August to 31st October, 1853.

Remaining from last Quarter,	72	Discharged cured,	300
Admitted,	307	Died,	25
		Remaining,	54
	379		379

In-Door Patients.		*Out-Door Patients.*	
Males	212	Males	311
Females	95	Females	337
	307		684

Diseases.	Admitted.	Died.	Diseases.	Admitted.	Died.	Diseases.	Admitted.	Died.
Apoplexy pulm.	2		Emansio Mens.	1		Purpura	1	
Ambustio	1		Epileps. Alcohol	1		Pleurodynia	2	
Adenitis	1		Elephantiasis	1		Pneumonia	2	1
Abscess	2		Fungus Cancer	2		" Typhoid	1	
" Mamm.	1		Fractura	7		Paraplegia	11	
" Lumb.	1		Feb. Com. Cont.	47	1*	Phthisis	10	2
Amaurosis	1		" Typhus	46	11	Porrigo	1	
Amenorrhœa	1		" Typhoid	2	1	Peritonitis	1	1*
Asthma	1		" Relapsing	2		Paralysis	1	
Albuminuria	2		" Intermitt.	6		Periostitis subac	1	
Bronchitis	12	1	Gastrodynia	2		Pertussis	1	
Bronchi ectasis	1	1	Gonorrhœa	2		Rheumatism	5	
Bubo syphil.	1		Gastritis,	1		Rupt. Urethra	1	
Cystitis	3		Hepetalgia	1		Rupia	1	
Cholera, Canadeu	2	1	Hypochondriasis	2		Rectitis	1	
Conjunctivitis	6		Hysteria	1		Syphilis	3	
Contusio	7		Hemiplegia	2		" Tertiary	1	
Curved Spine	1		Insania	2		Synovitis	2	
Coup de Soleil	1		Iritis	1		Scrofula	1	
Corneitis ch.	1		" Syph.	1		Staphyloma	2	
Catarrh	1		Lumbago	2		Stricture	1	
Cataract	1		Lichen Trop.	1		Tumor	1	
Catarrh Rh. Ophth.	3		Labium Leporis	1		Tonsillitis	1	
Debilitas	1		Meningitis	1	1	Ulcus	10	
Delirium Tremens	11		Ophthalmia Tarsi	1		Vulnus Com.	5	
Diarrhœa	10		" Traum.	1		" Sclopit.	1	
Dysenteria	8	1	Ovaritis	1		" Colli	1	
Dyspepsia	5		Orchitis chr.	1		Variola	13	2
Erysipelas	3		Œdema	3		Varicella	1	
			Phlegm. Dolens	1				

N.B.—A star affixed to a death shows the admission was in a previous quarter.

Operations during the Quarter.

Lithotomy; Excision of Superior Maxilla, of Fungus Cancer of Cheek, of Cancer of Pinna; Hare Lip; Paracentesis Abdominis; Cataract; Synechia Posterior; for Hydrocele; Onysis; removal of Phalanges, 3—Total, 13.

Fractures treated, (intern.) 7; (extern.) 1; Dislocations Reduced, 3—Total, 11.

Minor Operations.

Opening Abscesses, &c., 20; Bleeding, 2; Cupping, 15; Leeching, 8; Extracting Teeth, 58; Vaccination, 4—Total, 95.

Attending Physicians, Drs. Campbell & Wright.

John Reddy, M.D., House Physician and Surgeon.

MEDICAL NEWS.

Professor Agassiz being sympathized with on account of a recent illness of great severity contracted in icthyological pursuits, said, "Ah yes, I have been very sick, but no matter, I have found a fish without ventrals."—An idea has been broached that the disease of potatoes is in consequence of the non-observance of the precepts of Moses, who ordained that the soil should be left fallow during every 7th year, as God rested on the 7th day.—James Thomas, of Liverpool, set up a claim for a license that he was the father of 35 children.—Quacks and quackery flourish more in England than in any other country; there are nearly 30,000 persons practising one or more departments of medicine and surgery without qualifications.—The cultivation of the camphor tree (*camphora officinarum*) has recently been introduced in Louisiana.—Dr. George C. Shattuck, of Boston, has recently given $14,000 to Harvard University, for the purpose of placing on a permanent foundation the chair of morbid anatomy in that institution. The Professorship is to be called the "Shattuck Professorship of Morbid Anatomy."—An exchange gives the following definitions:—Medical Colleges. Places where professional dignity is inculcated, and personal indignities practised: Physicians. Men who *at*tend upon others, and *con*tend with each other.—About 400 authors have written works on the Dental Art.—Cholera has made its appearance at Lambeth, Bayswater, and in the House of Correction and Cold Bath Fields, London. Cases have occurred at Ipswich and Grays, Essex.—M. Milier is on a mission from the French Government to watch the progress of cholera and its mode of treatment in England.—John Morton, a resident of Arkansas, is the father of twenty-nine children, by three wives, viz., nine sons and twenty daughters.—Amurath III., a Sultan of Turkey, who died in 1595, at the age of 50, left 200 of his own children in the Seraglio at his death.—A Mr. Lutterbach is preparing a treatise on the "art of utterly changing and re-modelling the features by the exercise of a power inherent in the muscles."—At Exeter (England), a child was recently born with thirteen fingers on one hand.—When General Washington was in New York, a year or two after the revolution, it is said he had a set of false teeth inserted by the only dentist in the city. There are now practising in New York nearly one thousand dentists.—Africa has had a year of health.—Gleason's pictorial newspaper says that a physician on the margin of the Western Railroad desires to sell out to a person who wishes to acquire a knowledge of surgery.—Dr. Marshall Hall is now in the Southern States. He intends going to China ultimately.—Old Kieu Long, Emperor of China, talking of the English system of physic, after wondering that a single Englishman could be in good health, said, "Let me tell you how I treat my physicians. There are four to whom my health is confided. They receive a certain sum every week; but the moment I am taken sick, their salaries are stopped until I get better. It is scarcely necessary for me to add that my complaints do not last long."—Dr. T. J. Trundle, of Union, Boone Co., Ky., has been arrested, accused of kidnapping slaves.—Dr. Wm. Hunter, now in prison at Camden, N. T., is accused of having four wives. Report says he has had as many as twenty in different parts of the County, and yet he is but 28 years old.—The section of medicine at the recent scientific congress at Amiens, after a long discussion, decided the question of the contagion of cholera in the affirmative.—M. Charrier, veterinary surgeon at Rheims, extirpates the ovaries of cows by an incision through the superior wall of the vagina, safely and with but little pain. Cows thus treated continue to give excellent milk for a long period; their weight is doubled, and their flesh is greatly improved in quality. The benefits of this discovery are valued by the scientific congress at twelve millions of dollars.—The State of New York is not far enough advanced in civilization to legalize the dissection of the dead.—Dr. Chairétes, of Athens, has published cases which he deems illustrative of the curative powers of Asparagus in Hydrophobia.—Professor A. Litton has been appointed chemist to the Geological Survey of the State of Missouri.—Owen Duffy, of Ireland, is 122 years old. When 116 he lost his second wife and soon married a third, by whom he had a son and daughter. His eldest *boy* is 90 years old.—The Nashville Journal recommends "Travelling Doctors" to adopt the following mode of advertising:—Dr. A. B. will stand the following season, during the months of April and May, at the town of A., &c.. &c. He will be let to patients either by the season or insurance at the reasonable price of $10 the season or $20 to insure. PEDIGREE. Dr. A. B. was trained by Dr. C, D. and graduated at the University of New Yankeedoodle, and is, therefore, up to snuff, and warranted not to flash in the pan.

THE

MEDICAL CHRONICLE.

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ORIGINAL COMMUNICATIONS.

ART. XXVII.—*Death from Uterine Hemorrhage.* By W. Marsden, M.D., Governor of the College of Physicians and Surgeons of Lower Canada.

The following case occupied a considerable portion of the time of the late term of "Oyer and Terminer," in September last, and probably possesses features sufficiently interesting to entitle it to publication.

The Queen *vs.* Burke, for Murder.

Patrick Burke was indicted for the murder of his wife, on the 17th March last (St. Patrick's Day), at St. John's, Port Joli. His trial commenced on the 21st of September, and after having occupied the Court the whole day, was adjourned till the following, when it was found, on the Jurors being called to answer to their names, that one of their number, James Fackney, was unable to come into court, having been attacked during the previous night with symptoms of gastric fever, with delirium, occasioned, in all probability, by fasting, excitement, and confinement. It therefore became necessary to discharge the jury and have a new trial.

On a new jury being empannelled, two entire days were occupied in hearing the evidence, which was in some points of a deeply interesting character. The whole *gist* of the case rested, as the learned Judge, (Aylwin) stated, on the medical testimony, on which his honor suggested the finding a verdict of simple assault only. This, under the present system of Canadian criminal jurisprudence, could be done, instead of the graver one for murder or manslaughter, although not contained in the indictment. The jury, however, after an absence of about half-an-hour, returned into court with an unanimous verdict of *not guilty*. In this report I shall confine myself chiefly to the medical testimony, for which I am indebted to the ample notes of Mr. Dunbar.

Seven medical gentlemen were summoned in this case, five on behalf

of the Crown, viz., Drs. S. Roi, of St. Jean, Port Joli; V. Martin, of Kamouraska; Morrin, J. Blanchet, and Landry of Quebec; and two, Drs. Sewell, and Marsden, of the same place, for the defence.

After a number of non-professional witnesses had been examined, whose testimony was of the most biased and partial character:—

Dr. Roi, of St. Jean, Port Joli, deposed—That he had known the prisoner and his wife, the deceased, who resided in the same parish with him for three years. During that period he frequently visited them in his professional capacity. On the 17th of March last, a person named Duval came to witness and stated that the prisoner wished him to go and see his wife, who was dying. Witness went to prisoner's house, and when there, found deceased lying on the floor, bathed in her blood. From the quantity of blood about her, he saw it was a case of hemorrhage, and on examination, discovered that the hemorrhage proceeded from the uterus. The flowing of the blood had then partly ceased, and deceased was altogether in a dying condition. She was senseless, and her pulse very weak. He observed some contusions upon her right hand, arm, forehead and chin. He enquired of deceased if these marks were the result of a fall or blows. She answered the question, but on account of her speaking in English, he could not understand what she said. Prisoner, however, who was at some distance from where deceased lay, thereupon remarked that she had fallen into the cellar. Seeing that deceased suffered greatly, witness asked her where the pain proceeded from. She was then in a dying condition, and must have been herself aware that she was so, for she was in a state of complete prostration. Before putting the question he had last spoken of to deceased, he had perceived she was dying. In answer to his enquiry, deceased made him understand by placing her hand on her right hip and back, that the pain was in those regions. He attempted to revive deceased by friction, but was unable to do so, and she died half an hour afterwards. When deceased indicated her right hip, witness proceeded to examine that region, but discovered no tumefaction there, though it might have existed. From the quantity of blood deceased lost, he has no hesitation in stating that she came to her death by the hemorrhage. In this opinion he is confirmed by the post mortem examination made by himself and Dr. Martin, which examination evidenced that no organic disease existed. He examined deceased's back previous to her death, but found no appearance of contusion in the spinal region, though there was indication of tumefaction near the hip. Deceased died whilst he was absent from the prisoner's house. Previous to her death, he saw that her tongue had been lacerated by her teeth. The laceration was probably caused by a blow under the chin, when the tongue was between the teeth. Several persons were present in the room with deceased besides witness. He

saw that prisoner approved of his going there, from the manner in which he wished prisoner taken care of. The contusion on the deceased's hand, already spoken of, might have been caused either by the blow of a stick or a fall. At the post mortem examination, he examined the uterus, which was in a healthy state, contrary to Dr. Martin's and his expectations. It was about the size of that in a person who has had a family. The heart was in its normal state, but emptied of blood. The iliac vessels were congested, injected, and bruised. This appearance must have been caused by external violence of some sort. A hurt or blow on the belly, as also a fall on some hard projecting substance might have produced it. The blood which was on the floor was coagulated. From the appearance of the body, the immediate cause of death was hemorrhage. The bruises nor the congestion would not have been sufficient to cause it. There is a difference between a bruise occasioned by external violence, and that caused by internal causes. The bruises on deceased were apparently caused by external violence. The most probable cause, he thought, of the hemorrhage, was the violence inflicted in the region of the right iliac. He thought the right region corresponded with the part pointed out to him by deceased. He did not think the hemorrhage proceeded from natural causes. The deceased was predisposed to hemorrhage; it could not have been so profuse, nor her death be so sudden, unless she were so predisposed. The blood on the floor was coagulated, and the greater part was arterial blood. If the deceased had been in her menses the blood would not have coagulated. He did not believe the deceased was pregnant, and he so concluded from the state of her uterus. He attended her two months previous to her death, when she was confined. From that time till when she died, there was possibility of conception, but the time was very short.

Cross-Examined—The child born when he attended her at last delivery was still-born; this was on the 15th of January last. He had not seen her from that date till the time of her death. Two months was sufficient time for her to become *enciente*. He merely examined the ovaries superficially. Knew that the ovaries present some appearance which can indicate conception, but the congestion of the vessels in their region prevented him from ascertaining as a fact whether deceased had conceived or not. It is not always possible to state that a woman is *enciente* from the appearance of the ovaries. Stains upon the ovaries are occasioned by the menstrual flowing, as well as by pregnancy. The blood deceased lost before he arrived at the house was coagulated. From its quantity he suspected whence it came, and he saw no marks which would indicate that it had flowed from any other part of the body than the uterus. The contusions on the deceased's face, &c., were not very considerable, and may have been caused by a fall. The hemorrhage

may have been occasioned by the shock to the nervous system resulting from the infliction of the blows on the face, but could not have been caused by the blows themselves. A fall, a strain, stooping, or moral causes may have produced it. Miscarriages frequently cause a hemorrhage similar to that in this case. The bladder was not opened, but it appeared to be in a healthy state. The blood did not proceed from it. The uterus, as he before stated, was healthy. The os tincæ, or mouth of the womb, was open, but only as in the case of a woman who had had a family. After death the mouth of the womb was a little more contracted. The uterus did not present the same appearance after death, as it must have previous thereto. It was sufficiently open, however, to allow the blood to flow. There was no injury to any of the vessels sufficient to have caused death. He did not think the hemorrhage proceeded from any of the vessels in the bladder, for from the examination which he made, he ascertained that it was impossible for the blood to have come from the bladder. He found the iliac vessels empty. So far as the contusions were concerned, the body would not present the same appearance four days after death as it would one day after. The hemorrhage proceeded from the groin on the right side. If a kick had been given over the clothes, an external mark would not have remained. When he said the marks were recent, he meant that they most likely had been caused during the same day. It would be impossible, however, to say positively whether they had been produced the night before or not—he thought not. It was very unlikely that the contusions were caused by a fall; it was impossible to state they were or were not. A fall may have caused the hemorrhage, or it may have been produced by moral causes, or without any apparent or assignable cause. When he saw the deceased, she was suffering from convulsions, and in these cases persons sometimes bite or lacerate the tongue. The hemorrhage could have been occasioned by deceased missing her foot and falling down a stair. It was with difficulty witness could understand what she said unto him. The congestion of the brain might have been caused by drink. There was no effusion of the arachnoid membrane. The deceased was of a sanguine temperament. The lamentations she made were those of pain. The only thing he gave her was some wine. Hemorrhage produced by natural causes is attended with pain in the back.

(To be continued.)

ART. XXVIII.—*Retention of the Menses simulating Pregnancy.* By HECTOR PELTIER, M.D., Ed., Professor of Institutes of Medicine, Montreal School of Medicine; Physician to the Hotel Dieu, &c.

As I believe that every physician is bound to bring before the profession any practical case of interest which comes under his observation, I take the liberty of submitting the following:—

A young lady, 20 years old, after exposure to cold and getting her feet wet, whilst her menses were upon her, was suddenly seized with rigors, followed by a little fever and arrest of the discharge. She, however, did not pay attention to this. She remained three months without menstruating, when I was called in to set all right. Now, as the period for the customary appearance had elapsed, I waited until the next monthly period.

I must remark, that since the age of fourteen, when menstruation began, she never experienced any thing of the kind, though she said, (and unfortunately many young girls are too confident on this point,) that she had often got her feet wet without the least inconvenience supervening. At this time, the fourth month, the abdomen was somewhat voluminous, in fact, looking very much as it does at the fourth month of pregnancy. The young girl, who before the stoppage was inclined to become stout, lost flesh, as also happens in similar periods of pregnancy.

My confidence in the education and moral character of the young lady, kept me, through false delicacy, from asking any question, or making any examination, which might have given me, probably a decided opinion of the case. I say *probably* and not *surely*, because I was aware of many cases where, in similar circumstances, examinations per vaginam had been made by the most skilful and experienced physicians and accoucheurs, and gross blunders had been the result of giving a decided opinion.

I will presently relate a few cases, to point out why I did not make the said examination, though I must confess it ought always to be made, but the physician should be reserved as to his diagnosis. However, I resolved, without any examination per vaginam, to give her a few emmenagogues, such as absinthe, and four pills of myrrh, aloes, and assafœtida, two in the morning and two at bed time, for three consecutive days. This had no more effect than it would have had in an old woman past 50. As I had failed, I did not wish to continue any harsh treatment. I waited until the fifth month. At this period, the mother, though full of confidence in her daughter, began to fear that something wrong might have happened. The abdomen had become larger, and gave all the outward appearance of pregnancy. This time I gave no remedy, leaving nature to her course, and assured the mother that there was no pregnancy. Yet, to say the truth, I began to fear that I might have given

a too decided opinion. As I am speaking to practitioners, they will at once understand that difficult position in which the physician is placed in similar circumstances, and what blunders have happened from a too hasty opinion.

Between the fifth and sixth months there was bleeding from the nose. This circumstance confirmed me a little more in my belief of simple suppression of menses. I had not yet given any attention to what might be the case, if not that but pregnancy.

At the six monthly period I repeated the same, emmenagogues, and advised driving out instead of walking, as heretofore. All this was of no avail. The mother was very uneasy on account of remarks frequently made as to her daughter's appearance. As she could not go out walking or driving in town without her appearance calling suspicion, I recommended then the country air, expecting that there, by plenty of exercise, menstruation might reappear. At the seventh monthly period I did nothing, and left all to nature.

There was no change during these seven months worthy of attention, except the volume of the abdomen continually increasing, the bleeding from the nose, and occasional pains in the back, and sick stomach.

The eighth month came, and all in same state.

On the 8th October last, in the afternoon, I was sent for hurridly. The mother was in an awful excitement—the father had left the house after having given his malediction to his daughter. The girl herself was very anxious, but was calm under the trial. As I entered the room, the sofa and floor underneath were covered with what appeared a viscid fluid, like dissolved gum Arabic, and also a very great quantity of clotted blood. She was pulseless, in an extremely weak state. My anxiety was exceedingly great. I had no time to loose; therefore, I introduced my hand in the vagina, but could not succeed in entering even the finger through the os tincae. The blood, through the small aperture, was continually flowing and the abdomen became quite flat. I remained for two hours near the patient, and during that time she rallied so much that she considered herself as well as ever. To the touch, the neck of the uterus was extremely hardened, and retaining nearly the same shape as if the uterus had not been expanded. The after-treatment of such a perplexing case was very simple. I ordered a nutritious diet twenty-four hours after this occurrence, injections of cold linseed tea per vaginam, to relieve the induration of the neck of the uterus. It was indeed relieved, and the flow of blood continued for eighteen days afterwards. Since then, her menses have reappeared regularly and her health is perfect.

This flood took place 8½ months from the last appearance of the menses.

REMARKS.

Now, of what nature was this case? Certainly there was induration of the cervix uteri and os tincae, which kept the blood blocked up.

If I had not been so delicate and had made an examination, the induration would have been recognized, removed, and the reappearance of the menses would have been the consequence. It was a case of retention of the menstrual blood which, no doubt, at each monthly period, was furnished by the uterus, and made the abdomen gradually increase in volume. As to the viscid fluid mixed with the blood, it was the serum of the blood, which, by being retained in utero, became a little more thickened and produced the viscosity. This fluid might also have contained fibrin, which, as we now know, is given out at each monthly period, and separated from the arterialised blood.

An hydatid, it could not be, since it was not water alone which flew from the uterus, but also because hydatids take a longer time to form such a mass as to impose for pregancy.

I submit the above case to the reflection of my fellow-practioners. I have given all the circumstances of the case to show how much a physician, from the youngest to the oldest, must be on his guard before he does give a decided opinion.

I will now illustrate the foregoing remarks by a few cases which have happened, and are a warning against the presumption of deciding too hastily.

1. A German Princess, advanced in years, had arrived at the term of the cessation of the menstruation. The uterus and breast were enlarging daily. She consulted her physician, an accoucheur, and others. They all thought her pregnant, and all the preparations for delivery were made. She passed an enormous quantity of water per vaginam, and the uterus instantly recovered its normal state. The above case is taken from the work of the celebrated P. Frank.

2. I was summoned in consultation, seven years ago, to see a woman, 42 years of age, who had such an enormous abdomen that any one, not professional, could only believe that a tumour was the cause of its appearance. Many medical men had been called before, and some of them pronounced her pregnant. She, however, menstruated periodically. She had been married many years to a first husband from whom she had no children. She married a second time, when 39, to a young man, most robust and athletic, and expected, in finding her abdomen increasing, to become a mother. However, her expectations have not been realised until now, for she is yet living and enjoying good health, with her abdomen as large as ever, and not a mother. When called, I made a minute examination, and concluded, from the history of the case, than an hydatid was the cause of the present state of the abdomen.

Angry against herself and her second husband for not being pregnant, and also for the ridicule which she obtained from not hiding her unsuccessful wishes, she would not submit to any treatment. The diagnosis remains to be solved as to its being a hydatid; but what is sure is, that it has never been and never will be a case of pregnancy.

3. Every one has heard of the case of Lady Flora Hastings, maid of honor to Queen Victoria, who had been pronounced as pregnant by some celebrated physicians and accoucheurs of London. She could not live after such a verdict. She died of grief. A post mortem examination was made, and, to the amazement of all, there was no pregnancy, nor even any sign of defloration.

4. A most respectable clergyman, and of high standing in the English Church, left England with his daughter for America. He consulted, when in England, two physicians as to the state of his daughter, whose abdomen became enlarged, and also the breasts increased in size. They both, after consultation, declared that the young lady was pregnant. The father, aggrieved by such imputation, decided upon coming to America. The daughter, on board the steamer, became ill, and consulted the physician, who, like the two others, declared to the father that she was pregnant. When they arrived in New York, they consulted Professor Bedford, certainly one of the most eminent physicians and skilful accoucheurs of America. He declared, as his decided opinion, after examination, that there was no pregnancy, and that a tumor was the cause of the enlargement of the abdomen. The young lady died of consumption a month after, and Professor Bedford made a post mortem examination, assisted by some other physicians, and found a fibrous tumor which occupied the whole internal surface of the uterus.

The above case I quote from the November number, 1852, of Dr. H. Nelson's very interesting publication, the Northern Lancet, the value of which *en passant*, is so much increased by Professor Bedford's lecture. I might bring forward many other cases where blunders have been made, even in our good city, but I abstain. The length of my remarks will meet, I hope, with an excuse from your numerous readers, on account of their practical purport.

December, 1853.

ART. XXIX.—*Removal of an Encysted Tumor, which resembled a Hernia in several particulars, with remarks.* By R. P. Howard, M.D., L.R.C.S.E., &c., Demonstrator of Anatomy, University M'Gill College, &c.

While discharging the duties of Attending Physician, &c., to the Montreal General Hospital, in August 1852, Mrs. G., a married woman, aged

46, the subject of a tumor in the right inguinal region, the history of which was the following, came under my care.

About fifteenth months ago she fell out of a waggon on a Tuesday, and on the Sunday after noticed, for the first time, a small tumor, about the size of a marble, in the right groin. It was not at any time painful; it increased gradually in size, and she began to suffer from habitual constipation and uneasiness in the epigastric region—symptoms which she then thought owing to the tumor, and which she refers to it still. The tumor never disappeared since its first discovery; she never heard borborygmus, nor felt the motion of wind in it; never suffered severe pain in loins, sacrum, or abdomen.

Present state, 2nd August, 1852.—A tumor about the size of a turkey's egg occupies the right inguinal region, its long diameter lying parallel to and over Poupart's ligament, and extending from a point half an inch on outside of pubic spine, to one within an inch and a half of antero-sup. iliac spine. The integument does not adhere to it, but its middle seems fastened to middle of Poupart's ligament, for the fingers cannot be here passed under the tumor, though they can be at each end. It is highly elastic, and somewhat moveable; can be brought down nearly to the saphenous opening; becomes larger and more prominent during coughing, but is not expanded laterally thereby; is not painful when squeezed, and cannot be reduced, if a hernia.

While examining the patient again on the 5th, I noticed what had escaped me before, viz., another tumor about the size of a plum, situated between the antero-superior spine of ilium, and the large tumor, but apparently not continuous with the latter, or if so, merely by a pedicle, for the fingers could be sunk considerably between them. This smaller tumor was very distinctly *enlarged*, as well as rendered prominent by coughing. Nothing abnormal could be felt per vaginam or rectum. There was not any tenderness along the lumbar region, nor in iliac fossa. On the 9th, at a consultation of the hospital staff, the propriety of removing the tumor was agreed upon; and, assisted by Drs. Campbell and Scott, I proceeded to dissect it out cautiously, lest it might prove a hernial protrusion. On reaching the tendon of the external oblique muscle, the tumor was found situated beneath it, loosely attached, however, except at the middle of Poupart's ligament, to which it was firmly adherent by condensed tissue. The smaller tumor could not be yet seen, but was easily felt at a greater depth, and with the view of removing it also, the incision was prolonged up to the iliac spine, the tendon of the external oblique and the muscular fibres of the internal oblique and transversalis being divided in succession. The fascia transversalis was now bare, when it became obvious to the eye and the touch that the supposed second tumor was intra-peritoneal, and was doubtless nothing but the intestines,

which had somewhat bulged at this point, owing, perhaps, to weakening of the abdominal parietes by the growth of the tumor under the tendon of the external oblique. Of course, it was agreed by all not to open the peritoneal sac; the wound was stitched up, and a compress and spica applied. There was only a trifling bleeding from the cutaneous vessels during the operation. The wound closed by granulation in three weeks. The abdominal tumor could be felt now as before, though it varied in size, and I recommended the use of a truss.

The tumor which I removed consisted of a strong and complete fibrous cyst, containing white sebaceous looking matter, and weighed 5 ounces.

REMARKS.

The above case has some interest in two or three points of view; the situation of the tumor, its resemblance to a hernia, and the existence of a second tumor or prominence within the peritoneum.

1. It is not common to find tumors placed upon Poupart's ligament, and it is very seldom that the sebaceous form of encysted tumor is more deeply seated than the subcutaneous areolar tissue. This tumor, however, lay beneath the tendon of the external oblique muscle, and was firmly adherent to about the centre of Poupart's ligament.

2. There were the following striking points of similarity between the case and a hernia:—1st, The tumor was discovered shortly after a severe fall, which was likely to have strained the abdominal parietes. 2nd, Habitual constipation, and slight abdominal pains supervened after the appearance of the tumor, and were referred by the patient to it as the cause. 3rd, The tumor occupied a frequent site of hernia. 4th, It became larger and more prominent, and received an impulse on coughing. And 5th, It could be displaced downwards nearly to the edge of the falciform process of the fascia lata.

3. On the other hand, there were some particulars in which it differed from a hernia. 1st, Herniæ are nearly always reducible at first, if not strangulated. 2nd, They are commonly the seat of borborygmus, except when omental. 3rd, They are apt to vary in volume from time to time. And 4th, To enlarge and become painful after exercise.

I do not think the gradual and tolerably slow growth of the tumor could have been regarded as unfavorable to the idea of its being a hernia, for very many authorities admit that this affection may form and increase slowly, and within the past year the writer has met with two such cases, in neither of which did the patient believe himself the subject of rupture, though having a "fulness" in the groin.

4. Lastly, the second tumor (?) instead of aiding materially in the diagnosis (as it may be supposed to have done), by appearing as a prolongation of the first, actually had the contrary effect; for enlarging in all directions during coughing, it suggested the possibility of its being the por-

tion of the intestine continuous with that forming the larger tumor, on the supposition that this was a hernial protrusion.

Corner of McGill and St. James Streets,
Montreal, 20th December, 1853.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XXI.—*Lectures on Surgical Pathology, delivered at the Royal College of Surgeons of England.* By Thomas Paget, F.R.S., lately Professor of Anatomy and Surgery to the College; Assistant Surgeon and Lecturer on Physiology at St. Bartholomew's Hospital. Illustrated by 116 engravings on wood. Pp. 670. Philadelphia: Lindsay & Blakiston. Montreal: B. Dawson.

At the time the above lectures were delivered in the Theatre of the College of Surgeons, they excited considerable attention among the medical literati of London. Men, such as Lawrence, Guthrie, Stanley, Travers, South, &c. &c. whose names are as familiar to the profession as household words, and who may properly be considered the Nestors of English Surgery, might have been seen listening with marked attention to the lecturer. It must have been highly gratifying to Mr. Paget, who was at that period, and is now, comparatively a young man, to have witnessed this appreciation of his labors by those who themselves have done so much to advance scientific surgery. The different journals and reviews contained highly laudatory notices of the lectures, and they were generally recognized as productions of deep research and matured reflection, and consequently deserving of the attentive consideration of every member of the profession desirous of extending his views, and acquiring correct knowledge of diseased actions and their results. Finding that they were so well received by those who had the opportunity of listening to their delivery, he wisely determined on publishing them, "and thus enabling many more to read them." The work will, we venture to affirm, long remain a standard one on that branch of surgical science of which it treats.

In the first lecture on Nutrition, Mr. Paget makes the chief conditions necessary to the normal nutrition of parts to be four:—1. A right state and composition of the blood, or other nutritive material. 2. A regular and not far distant supply of such blood. 3. (At least in most cases) a certain influence of the nervous system. 4. A natural state of the part to be maintained. He employs the expression, "right state of the blood"

rather than "purity," because, "if the latter be used, it seems to imply that there is some standard of composition to which all blood might be referred, and the attainment of which is essential to health; whereas the truth seems rather to be, that from birth onwards, the blood and tissues of each creature are adapted to one another, and to the necessary internal circumstances of life, and that the maintenance of health depends on the maintenance and continual readjustment of the peculiarities on which this exact adaptation depends." The blood and tissues, then, according to this view, have, throughout life, certain relations to each other, so that whenever changes occur in one, the other must suffer correspondingly. The degree and extent of the change from a previous condition in one, represents the degree and extent of the change in the other. When, therefore, a person remains in that normal condition which we call health, there is a perfect adaptation between the blood and tissues, but when disease is present, the perfectness of the adaptation no longer exists; it has been destroyed by some morbid alteration, either in the blood or tissue. The blood is subject to various diseases which affect the nutrition of one or more tissues. "The researches of modern chemistry have detected some of these changes; finding excesses or deficiencies of some of the chief constituents of the blood, and detecting in it some of the materials introduced from without. But a far greater number of the morbid conditions of the blood consist in changes from the discovery of which the acutest chemistry seems yet far distant, and for the illustration and discussion of which we cannot adopt the facts, though we may adopt the language and the analogies of chemistry," (p. 27.) So exceedingly delicate and refined is this mutual relation, the slightest quantity of morbid material introduced into the blood is sufficient to disturb it. As, for instance, when vaccine lymph, or the poison of typhus or of syphilis are taken up by the blood. Symmetrical diseases exhibit it more markedly than any other class. In these affections, parts of the body corresponding to each other on opposite sides, exhibit the same morbid phenomena. Sometimes there is not only symmetry as far as the part affected is concerned, but the very extent and stage of the disease in the one part is rigidly represented in the opposite.

In his second lecture, Mr. Paget would extend the principle first enunciated by Trevinus, "That each single part of the body, in respect of its nutrition, stands to the whole body in the relation of an excreted substance." He believes that the out-growing tissues, such as the hair, serve, by their constant growth, to remove substances from the circulating fluid, which would be deleterious if retained. This principle assists us, likewise, to comprehend the import of the rudimental organs which are found on the body; as the male mamma, and the delicate hair which exists on the general surface of the integuments. "And again—the

principle that each organ, while it nourishes itself, serves the purpose of an excretion, has an application of peculiar interest in the history of development. . . . The importance of this principle will the more appear, if we connect it with another, generally characteristic of the minuteness of the relation between the blood and the tissues, namely, that the existence of certain materials in the blood may determine the formation of structures on which they may be incorporated," p. 32.

Great diversity of opinion has existed among physiologists as to the part taken by the nervous system in the vital processes of secretion and nutrition. Many have denied that the nerves possessed any influence further than to affect the size of the blood-vessels distributed to the different organs, basing their reasons for such assertion on the fact, that nervous energy is usually manifested either in mental acts or muscular contractions. According to the new theory of the correlation of forces, however, it is evident that nervous force may be succeeded by, or converted into, any other of the separate manifestations of vital force. Its agency in the origination of psychical and muscular force is certainly more palpable and more easy of demonstration than its agency in those cases where nutrition would appear to depend solely on the vital force acting through the blood. But, if there be well authenticated cases on record, showing that destruction of the "material substratum" through which nervous force is conveyed to any organ, causes a complete arrest in the nutrition of that organ, it will suffice to prove that nervous force is necessary to the origination and normal exhibition of that manifestation of vital force termed nutrition. In the Museum of St. Bartholomew's, then, there is an example of central penetrating ulcer of the cornea, in consequence of destruction of the trunk of the trigeminal nerve, by the pressure of a tumor near the pons. The whole nutrition of the corresponding side of the face was impaired. Mr. Hilton of Guy's Hospital relates the case of a man who had ulceration of the thumb and fore and middle fingers, the result of pressure on the median nerve. These resisted treatment, and were cured only when the pressure on the nerve was relieved. Mr. Travers and Mr. De Morgan mention cases, in which, fracture occurring in the extremities in connection with injury of the spine, no union of the fractured bone took place. We lately saw a case similar in its nature. A man fell from the roof of a three story house. Paraplegia resulted from the injury, and the tibia and fibula were fractured. He died two months subsequently, and there was no union of the bones. Sir B. Brodie mentions in his lectures on pathology, having seen mortification of the ankle begin within thirty-four hours after injury of the spine.

"Another argument against the belief that the nervous force has a direct and habitual influence in the nutritive processes is, that in plants and the early embryo, and in the lowest animals in which no nervous

system is developed, all nutrition goes on well without it. But this is no proof that in animals which have a nervous system, nutrition is independent of it; rather, even if we had no positive evidence, we might assume that in ascending development, as one system after another is added or increased, so the highest, and highest of all, the nervous system, would be inserted and blended in a more and more intimate relation with all the rest. This would, indeed, be only according to the general law, that the entire dependence of parts augments with their development; for high organization consists not in mere multiplication or diversity of independent parts, but in the intimate combination of many parts in mutual maintenance," p. 40.

In lecture V. he animadverts in strong terms on the neglect which the subject of the degenerative processes has met with at the hands of philosophers. Till within a few years back, comparatively little was known of the changes which occur in the body, as it descends from the meridian of manhood towards the horizon which marks the boundary of its tomb. All the talent and industry of medical observers were expended in tracing the changes which ensued, as it proceeded from its germ towards perfection. The opinion, which has so long obtained currency, namely, that as the man increased in years, his body assimilated more and more to that of the inferior animals, is now happily exploded. Mr. Paget divides the " changes that mark the progress of natural decay or degeneration in old age, and that may, therefore, be regarded as the typical instances of simply defective nutrition, into—1. Wasting or withering; the latter term may imply the usually coincident wasting and drying which constitute the emaciation of a tissue. 2. Fatty degeneration. 3. Earthy degeneration, or calcification. 4. Pigmental degeneration. 5. Thickening of primary membranes," p. 75. Of these five divisions, that which has attracted most attention, and which has been most thoroughly studied, is fatty degeneration. As it may occur in any of the tissues, and is frequently found in diseased structures; as, moreover, it often affects the muscular fibre of the heart, it is strongly entitled to consideration. Virchow, Rokitansky, Quain, and Ormerod, have especially investigated this subject. Fatty degeneration has been divided by Dr. Quain into two kinds, that in which the fat accumulates around the muscular fibre, and that in which oil globules are found within the sarcolemma. The latter is the true degeneration of the fibre.

In the repair of fractures, the material deposited at the site of the fracture does not differ from that employed by nature in the repair of other injuries. It at first resembles fibrine; has a dull, structureless, dimly granular appearance, and is not very firm. After a time, however, as it becomes transformed into bone, it becomes quite dense and hard. From experiments performed on animals, Dupuytren thought that the 'callus'

was formed around the extremities of the bones, as well as projected into the medullary canal. It is found now, however, that the method of repair by ensheathing or provisional callus, rarely takes place in man; the rib being the only bone, in the fracture of which the extremities are embraced by reparative material. "The normal mode of repair in the fractures of human bones is that which is accomplished by intermediate callus. The principal features of difference between it and the provisional and ensheathing callus are, (1) that the reparative material and callus is placed chiefly or only between the fragments, not around them; (2) that, when ossified, it is not a provisional, but a permanent bond of union for them; (3) that the part of it which is external to the wall of the bone is not exclusively, or even as with preference, placed between the bone and periosteum, or indifferently either in it, beneath it, or external to it," p. 176.

Among the tumors, Mr. Paget describes one very interesting variety, called the "subcutaneous fibrous tumor." It grows in the subcutaneous and submucous areolar tissue. It possesses all the microscopic characters of the ordinary fibrous tumor, but usually contains elastic tissue. A very important character, and one which separates it from all other fibrous and simple tumors, is the tendency which it has to protrude through the integuments, and form fungous growths which bleed profusely. This kind of tumor is not common, and when met with, might be mistaken for "fungous hæmetades. A microscopic examination will, however, soon establish the difference. We saw Prof. G. W. Campbell, of McGill College remove one of these tumors from the arm of a young man. It had been open for about a year, during which time it bled frequently and profusely. It was quite dense and heavy, and was flattened on its exposed surface by the pressure which had been applied to it. The patient, who was originally robust, was quite anæmic from loss of blood. He made a rapid recovery, and has, we believe, had no return of the disease.

From a careful examination of the effects of removal in 235 cases of hard cancer, our author makes the following deductions:—"1. In cases of acute hard cancer, the operation may be rightly performed. 2. The operation seems proper in all cases in which it is clear that the local disease is destroying life by pain, profuse discharge or mental anguish, and is not accompanied by evidences of such cachexia as would make the operation extremely hazardous. 3. In all the cases in which it is not probable that the operation will shorten life, a motive for its performance is afforded by the expectation that part of the remainder of the patient's life will be spent with less suffering, and in hope, in place of despair. . . On the other side, there are many cases in which the balance is clearly against the operation. 1. In well marked chronic cancers, especially in

old persons, it is so little probable that the operation will add to either the comfort or the length of life, that its risk had better not be incurred. 2. In cases in which the cachexia, or evident constitutional disease, is more than proportionate to the local disease, the operation should be refused: it is too likely to be fatal by its own consequences, or possibly by accelerating the progress of cancer in organs more important than the breast. 3. If there be no weighty motives for its performance, the operation should be avoided in all patients whose general health (independently of the cancerous diathesis), makes its risk unusually great; in all, for example, who are very feeble, very fat, over-fed, intemperate, or in any of those conditions which make persons unfavorable subjects for surgical operations," p. 528.

XXII.—*A Practical Treatise on Diseases of Children.* By D. Francis Condie, M.D., Secretary of the College of Physicians; Member of the American Medical Association; Member of the American Philosophical Society, &c. Fourth edition, revised and augmented. Pp. 715. Philadelphia: Blanchard & Lea. Montreal: B. Dawson.

Here is a sound practical work on the diseases of children, which should be possessed by every young physician entering on the arduous duties of his profession. Difficult as the treatment of infantile diseases confessedly is, he will find that, during the first few years of his practice, the majority of the cases which will be entrusted to his care, will consist of children; and as there is no class of diseases in which a practitioner's reading can be turned to better account, a thorough acquaintance with Dr. Condie's treatise will, we are certain, be of material assistance to him.

There are two classes of diseases which, in this country are dreaded by heads of families. These are, diseases of the digestive organs, and respiratory apparatus. A vast proportion of the deaths which go to swell the large annual mortality occurring among children are to be attributed to diseases belonging to either of these two classes. Many a bud withers and dies—many a green and promising branchlet perishes before their blighting influence. They are emphatically the scourge of infantile life in Canada. We do not pretend to say that this country is the only one in which children suffer to any extent by these affections. They are peculiar to childhood the world over. But we mean to assert, that the ratio of deaths from these diseases, as compared with the deaths resulting from other affections, is greater in this Province than in most other places. Nor need this be a matter of astonishment. What physi-

cian, who has observed the manner in which parents allow their children to partake indiscriminately, during our hot July and August months, of strong animal food—highly seasoned condiments—pastry—ices, &c. &c., but would expect, as a consequence, the death of a great proportion of them. Did not our physiological knowledge teach us differently, the almost universal practice of feasting children, on all occasions, with hot bread, "puff paste," and comfits, might lead us to imagine that these highly indigestible substances were really the proper food for them. A serious evil arising from this false system of dietetics, and one which assists materially in producing severe stomach derangements, with their too often fatal results, is, that it creates a factitious appetite, which is never satisfied until the stomach becomes completely gorged. Times and again have we witnessed, with feelings of disgust, the modern process of child-stuffing. So long as the horse-leech cry of "more—more" was heard, just so long did the mistaken mother continue to supply the demand, until, completely surfeited, the child leaned back in its chair, heavy, dull and stupid.

If affections of the stomach and bowels in children are to be attributed, in a great measure, to errors of diet, it is no less certain, we believe, that the *fons et origo* of affections of the lungs and throat are to be traced to the results of improper modes of dress. The process of what is termed "hardening" children, has sent more to their graves than it has made robust and healthy. Parents in this case violate, in the person of their child, certain physiological laws—but not with impunity. Attacks of croup, bronchitis, pneumonia, or pleurisy speak in terms not to be misunderstood, that the delicate organization of infancy or childhood cannot bear the partial exposure of the body to the inclemency of the weather. They may certainly escape for a time, but the chances are decidedly against the continuation of health. Why the mischievous practice should exist, of sending out children on cold days with their legs and arms uncovered, passes our comprehension. And parents will never know better until physicians give that attention to dietetics and dress, both of adults and children, which the importance of the subject demands. If medical men were to denounce what they must know to be injurious, a plain, simple, nutritious fare would soon find favor in nurseries and at tables where the very opposite description of diet is partaken of. Nor would portions of the delicate and extremely sensitive surface of a child's body be rashly exposed to the atmosphere at all temperatures; and, as a natural sequence, there would soon be a material decrease in the number of diseases of the bowels and lungs, and the mortality tables would contain fewer records of children's deaths.

That Dr. Condie is fully impressed with the importance of a strict attention to the hygienics of children is sufficiently evidenced by the

seven excellent chapters, devoted to this subject at the commencement of his work. They are assuredly not the least valuable part of his "practical treatise."

XXIII.—*The Prescriber's Pharmacopœia*; containing all the medicines in the London Pharmacopœia. Revised, with additions. Third American from the Fourth London Edition. By Thos. F. Cock, M.D. New York: Samuel S. & William Wood. Montreal: B. Dawson.

To the physician of large practice, this little work will serve as an excellent pocket companion. The medicines are arranged, for convenience of reference, "in classes according to their action, with their composition and doses." Dr. Cock has made the following useful additions to the American reprint:—Uses of medicines: Diet for sick, and proprietary formulæ.

XXIV.—*The Medical Formulary;* being a collection of Prescriptions, Dietetic Preparations, and Antidotes for Poisons, with an Appendix on the Endermic Use of Medicines, and on the use of Ether and Chloroform, with Pharmaceutical and Medical Observations. By B. Ellis, M.D. Tenth Edition. By R. P. Thomas, M.D. Philadelphia: Blanchard & Lea. Montreal: B. Dawson.

The character of this work has been long since established, and its value so well known, that few physicians are without a copy of some one or other of the numerous editions through which it has passed within a very short time.

The Editor has kept pace with the march of the day, and we look upon the present edition as superior to any of its predecessors.

CLINICAL LECTURE.

Disorders of the renal secretion in Delirium Tremens and in injury of the Spinal Cord. By H. Bence Jones, M.D., F.R.S., Physician to St. George's Hospital.

(Condensed from the Medical Times and Gazette).

Delirium Tremens, a congestive disease, is occasionally seen here in fearful intensity. Its resemblance to the diseases previously noticed, is most apparent in the presence of albumen in the urine, in the state of

the kidney and in the tendency to epileptic convulsions. The following cases illustrate my observations on congestion of the kidney in delirium tremens:—

A man of 35, with delirium tremens, had not slept for 3 nights; 2 hours after admission, he had an epileptic fit; 2 days after, the urine had a sp. gr. of 1019.3, a trace of albumen and blood globules; fibrinous casts not clearly determined. After 2 more days of extreme violence he had two convulsive fits, in the last of which he died. *Post mortem*, both kidneys large; much congested on surfaces and lobular; capsules peeled off easily; on surface a few slight pits as if from atrophy, but elsewhere quite smooth.

A man of 35, 5 days ill, with seventh attack of delirium tremens. On admission, passed 6 oz. of urine, deeply red, having traces of blood, albumen and fibrinous casts: sp. gr. 1018. He slowly recovered, urine being 1027.9 and free from albumen.

A man of 40, 3 days under a third or fourth attack of delirium tremens. After a most excited night, the morning urine was albuminous and abounded in urea and sulphates: sp. gr. 1037.8. Passed, later in the day, the albumen was increased sp. gr. 1041.2. He died next day. The kidneys were congested, the malpighian tufts full of blood; several small cysts in the cortex, but structure otherwise healthy.

Such cases might be mistaken for Bright's disease, and, by repetition, might induce it, but I have found that when the congestion subsided, the albumen disappeared without any treatment directed to the kidneys. When the renal congestion of delirium tremens, cholera and scarlet fever passes into inflammation, pus is rarely found in the urine. But there is another form of congestion—also from acute disease—affecting the ureter and bladder as well as the kidney, where the signs are more perceptible. Severe injury of the upper part of the spinal cord, usually causing death in 21 days, is truly an acute disease: laceration from fracture often causes great congestion and purulent urine, the degree, however, varies—the urine may be healthy and the kidneys but slightly congested: the urine simply purulent; urine purulent and alkalescent; as examples—

Of the first degree—A man of 35 fell across a piece of wood and broke the 6th and 7th cervical vertebræ. Completely paralysed below mammæ. Urine the day after admission, very acid and 1023.1; on the 3rd, 8th, 9th, 16th and 18th days, also acid and sp. gr. 1018, 1022, 1023, 1011, 1011. On the 21st day he died, the pulse getting slower and weaker and dyspnœa increasing. The cord, for 1½ inches, diffluent. Several ruptures, about 2 lines in depth, on front of right kidney, but no inflammation. Other kidney normal.—A man of 30 fell from a roof 40 feet high, where he went when drunk to escape from imaginary thieves; 6th and 7th cervical vertebræ broke and the cord tore across: 10 hours afterwards no urine in bladder; 19¼ hours after some urine drawn off, which was strongly acid and stayed so for 7 days; sp. gr. 1012, and contained a few blood globules. He died 22 hours after the fall; great congestion of kidneys but none of lining of pelvis or ureters; bladder healthy and full of urine.

Of the second degree—when the urine is purulent and acid throughout. A man of 31 fell out of a cart and broke the 1st dorsal vertebra. On the 5th day paraplegia was complete and the urine was acid 1014.2.

6th day urine acid, 1030.2, much urates, some cells like pus., with some blood. 7th day as last. He died during the night of dypucea from pulmonary congestion—the lining of left kidney slightly inflamed, some semi-purulent fluid in the hilus ; bladder rather full of urine, which, except slight turbidity, seemed healthy ; mucous membrane natural.—A man of 48 fractured 6th and 7th cervical and the 2nd and 3rd dorsal vertebræ : 12 hours after urine acid, 1019.4. 2nd day, highly acid, remaining so for 7 days in June 1025.3. 3rd, acid, remaining so at least 5 days, 1027, deposited cystals of uric acid ; had some albumen and pus. cells. 4th, 1024.1, acid, a trace of albumen, pus. less distinct. 5th, acid, 1027.8, some blood, pus doubtful. He died in the afternoon comatose : lining of pelvis of both kidneys very slightly congested ; bladder healthy.

The preceding shows that the inflammation of the lining of the kidney precedes that of the bladder, and causes pus in the urine before the alkalescence appears, and the sp. gr. falls. The same sequence attends the cases of the third degree. A glazier, 39, broke the 4th and 5th cervical vertebræ : paraplegia complete. 4th day, urine acid, 1029.2. 6th, acid, 1030.2, no pus but great deposit of urates. 8th, acid, 1022.0, thick from urates ; no pus., no albumen. 9th, less acid, 1007.3 ; a little pus. 10th, very full of pus, 1010.8 ; neutral, ropy in 16 hours. 11th, alkaline, much pus, too decomposed to take the sp. gr. : continued so till the 22nd day, when he died. For the last 6 days much diarrhœa. The lining of the Ileum for 2 feet intensely vascular and dark ; in its submucons areolar tissue a few small ecchymoses ; free surface covered by a dark red or almost black tenacious mucus. Intestinal glands healthy. Left kidney very vascular and studded with small abscesses. Infundibula pelvis and beginning of ureter very vascular and distended with pus. Right kidney also vascular, but less than left. Bladder held much pus and highly vascular. In the next case the pus appeared much earlier in the urine. A laborer, 35, broke the 11th dorsal vertebra, and was completely paralysed. 2nd day, urine slightly acid, 1029.2. 5th, acid, and remaining so for 4 days, 1025.3. 6th, slightly alkaline, mixed with blood and pus. 7th, highly ammoniacal, 1022.8, ropy mucus. 13th, extremely foul, 1007.8. He died on the 38th day. Both kidneys smooth but soft ; much congested ; lining of calices, infundibula and pelvis of left kidney very much congested, and in several places thickly covered with lymph. No such appearances in left kidney, but urine squeezed from it was puriform and alkaline ; some of its mammary eminences much congested. Bladder slightly thickened, and muscular coat fasciculated ; mucous membrane slightly congested in patches and highly ulcerated. A false passage between prostatic urethra, and a large and very foul abscess between the bladder and rectum.

It may be concluded, 1st. That injury of the cord does not immediately affect the renal secretion ; and 2ndly. That inflammation of the mucous membrane precedes and probably causes ammoniacal urine. The effect of the inflammation upon the density of the urine is instructive, as in Bright's disease the same low density usually occurs. In none of the cases I have seen has the temperature been increased, though this occasionally occurs, as in Sir B. Brodie's case of a man who had a severe spinal accident, and died in 22 hours. At last there were but 5 or 6 inspirations a minute, and yet his groin was 111°. From Bernard and Budge's ex-

periments, it is probable that there is only increase of heat when the sympathetic nerve is injured, and that when the cord alone is injured the heat falls. Sequard refers the phenomena of injury to the sympathetic, to paralysis or dilitation of the vessels. The blood, finding a larger way than usual, arrives in greater quantity, and hence nutrition is accelerated.

I have but little to say upon treatment. In delirium tremens the congestion may be from the action of alcohol in the blood on the kidneys, or more often from the stimulation of the heart and blood vessels. I have never cupped, but have allayed the excitement and quieted the circulation by opium, and thus got urine free of its blood. In injury of the cord, congestion results from paralysis of the capillaries. We judge of what goes on from analagous states of the eye that are visible. In paralysis of the ophthalmic nerve, the conjunctiva is often vascular, and gets more or less actively inflamed. So also from section of the pneumogastric, congestion first and inflammation next of the lining of the bronchi and stomach results. In injury of the cord there is the same tendency to congestion of the mucous membrane and skin. In one case most marked in the kidneys, in another in the bladder, and in another in the intestines. As the injury is irreparable, so the effects can only be palliated. The putrefying urine must be drawn off at least twice daily, so that its irritation may not add to the cystitis. Injection of warm water is sometimes useful, but sedulously avoid the slightest mechanical injury which would aggravate the symptoms.

THERAPEUTICAL RECORD.

(Virginia Medical and Surgical Journal.)

Aphonia.—Dr. Stevens of Ohio reports a case of Aphonia, of twenty months standing, relieved by iodine inhalations. Prof. Pancoast has recorded two instances in which he cured aphonia without structural alteration by inhalations of dilute chlorine vapour.

Gangrene of the Lung.—Professor Skoda reports four cases of gangrene of the lung, treated by inhalations of the vapor of spirits of turpentine, of which three recovered. Dr. Skoda has great confidence in this remedy, and reported last year one case in which it was successfully employed.

Paralysis of Bladder after exposure to cold, and for which electricity was tried in vain, has been cured in 15 days by Dr. Pavessi, by daily washing out the bladder with an infusion of mallows, and then injecting a solution of nicotia, 12 grs to an ounce of water, with a little gum.

Pertussis.—Trousseau defines this disease as a specific and infectious bronchitis, and recommends that it should be treated by emetics of sulphate of copper, and afterwards by the powdered root of belladonna.

Syphilis.—Mr. Ed. Robin announces to the Institute of France, that the bi-chromate of potass, which he has recommended as an anti-syphi-

litic, has been successfully employed in France by Mr. Vivant, and had been used with equal success at Erlangen, (Bavaria,) by Professor Heyfelder.

Tetanus.—Dr. Poitevin, of Mobile, Ala., reports in a French Medical Journal, a case of well characterised traumatic tetanus successfully treated by large doses of tartar emetic. Dr. Carpenter, of Long Island, reports two cases of traumatic tetanus, in which recovery followed applications of ice to the head and spine; opiates, mercurials, and assafœtida injections having likewise been freely employed.

Trismus Nascentium.—Dr. Gaillard, of Charleston, S. C., reports two cases of this formidable disease, in which recovery took place under the employment of the tincture of Indian hemp.

Tuberculosis.—M. Trousseau has revived a method of treatment proposed by Dioscorides, viz: arsenical inhalations. Cigarettes are prepared of paper which has been moistened by a solution of arsenite of potass, and dried. These are smoked once or twice a day for a fortnight.

Amenorrhea.—Dr. Plumer, of Richmond, Virginia, reports the successful treatment of Amenorrhea with half ounce doses of the liq. acet. ammonia, properly prepared with dilute acetic acid.—*New Hampshire Med. Journal.*

Strangury from Blisters.—Dr. Anderson, of Alabama, believes that strangury can uniformly be prevented by "smearing the plaster with oil of turpentine" before applying it.—*Ib.*

PERISCOPE.

Trial for Homicide by the use of Chloroform.—Chloroform had been administered prior to removing a tumor from the face of a Mr. Breton, the "result" of this administration having proved "fatal." The anæsthetic agent was given, it seems, with the usual precautions, but the extirpation of the tumor had been scarcely commenced, when (permit me to translate from the *Gazette des Hospitaux,*) "the patient made several efforts to disembarrass the mouth of its contents, then a sort of agitation suddenly manifested itself in his hands, his arms stiffened, the pulse became extinct, the heart ceased to beat, he fell as *thunderstruck.*" The usual means of resuscitation were adopted—abasement of the head, artificial respiration or insufflation, &c., but ineffectually—the patient was dead—dead from the effects of chloroform.

Here, then, arises questions of great interest to our profession. Are accidents of this nature *unavoidable?* Is it impossible to *foresee* them? What say MM. Nelaton and Velpeau of the Hospitals of the Faculty and La Charité, respectively, who were examined as experts in this case?

The former testified—1st, That local circumstances—such as regard the chamber of the patient, the quantity of furniture contained therein—are matters of but *slight* importance, the effect of the administration of chloroform being precisely "to intercept the air about the respiratory tract." The only precaution requisite is to preclude the penetration of

too great a quantity of it at one time. 2d, That the research of means to prevent such accidents, "*always unforeseen*," has been the continual preoccupation of surgeons since the introduction of anæsthetics, but the measures proposed up to this time are very "contestable," or even do not "exist at all;" that the number of deaths do not amount to more than *one* in *two thousand* cases of chloroformization. M. Velpeau, after speaking of the inexplicability of the instantaneous deaths that occasionally result from the exhibition of chloroform, said it can no longer be doubted that chloroform "sometimes kills" even in the most experienced hands, and it is impossible to adopt any precautionary measures to ward off such accidents: that he himself would no longer *dare* to use chloroform, if physicians be exposed to prosecutions in such cases, even when all the precautions dictated by prudence shall have been employed. The court reversed the decision of the court below, which had imposed a fine upon the defendants, and exculpated them of all charge of imprudence or malpractice.—*Southern Journal Medl. and Physical Sciences.*

Are the subjects of convulsions conscious?—From the following case, and what he has observed in anesthesia, Dr. Ramsey has been led to suppose that persons in convulsions are conscious:—

An interesting boy aged about three years, was observed by his parents to be unwell. Having lost two or three children by very sudden spasms, their fears were active, and the physician was promptly summoned. On examination no wireness or tension of the pulse, or nervous twitchings of the tendons could be discovered, and the apprehensions were attempted to be allayed. After a few moments he was observed to bend his head to one side and down towards a shoulder. His mother asked him 'what's the matter,' to which he replied very faintly, 'nothing.' This was repeated three times, the same answer given twice, but no notice whatever the third time. But a very few moments elapsed, when he was seized with a most violent and general convulsion, distorting his countenance and affecting the muscles of his whole body and limbs; lasting for full fifteen minutes actively, when it passed off, leaving him in a listless, and apparently unconscious state for full half an hour longer. At the end of this period he opened his eyes, looked round, threw himself his full length, and very languidly exclaimed, '*what a hard ride that was* I *had on the wagon.*' It was indeed a hard ride, in a rough wagon over a rough road: for I believe, though I have seen them of a longer duration, I have never seen a more violent action than that convulsion; and I am sorry to believe that the little fellow knew his sufferings, during their continuance, though he remembered them but for a few moments immediately after their subsidence.—*Ib.*

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

SPIRITUALISM.

From the general interest this subject has awakened, the attention it has received from men of eminence, and the misconceptions prevalent

about it, we have been induced, at this season of mirth and mystery, to pen the following article.

Spiritualism is exemplified directly by living beings, and indirectly through inanimate objects. Its phenomena are singular and various. By it tables have turned, danced to music, ascended walls, &c.:—media by sounds, or speech, or writing, have replied to questions, whether avowedly expressed or mentally conceived; propounded doctrines; disclosed revelations; uttered prophecies, unfolded occurrences; become the oracles of departed souls, and established a communion between the living and the dead. These astounding results have been referred to supernatural agencies, electricity, and other improbable causes, to which the ignorant and superstitious are ever ready to appeal. Spiritualism, however, has been thoroughly investigated, and shown to be a mixture of a little truth with much error; most of its results are irrelevant or fallacious, and its principal claims ideal or illusory, while the fewer number, as table moving, unconscious speaking and involuntary writing, are *bona fide* positive occurrences, easy of demonstration, and susceptible of explanation. These latter are produced by human efforts, due to muscular contractions, involuntarily or unconsciously exerted in the persons of those exhibiting. Spiritualism, like somnambulism, has proved that intense thought, emotion, and other functions of the mind have, as volition, power over the muscles, can stimulate them, make them contract, and execute actions in obedience to the impression of some dominant idea, or antecedent conception. In the waking and conscious states, the will exerts a control over the other mental powers, and keeps down their influence; but under circumstances, as abstraction, &c., the will becomes nugatory, and the other functions may acquire a supremacy over it, and exemplify the fact in the manner stated, by intelligent actions, only differing from those in ordinary conditions by being produced independently of consciousness, or of the will, and therefore involuntary. The person, though aware of the result is ignorant of his instrumentality in its causation. Spiritualism exhibits, as dreams, the power of fancy to usurp the place of will; as impulsive insanity, the irresistible tendency of the excited mind to execute motions upon which it dwells, even though contrary to the will; and as in certain phantasms the vivid conception of an action is followed by its unconscious imitation.

The remainder of spiritualism—revelations, prophecies, answers, &c., is merely a false creation of a heat-oppressed brain.

O save, ye gods omnipotent and kind,
From such abhorr'd chimeras, save the mind!

Dr. Andrews, who has patiently tested the matter, concludes:—"1. When the question was vocal, and the medium knew what the answer should be, *the spirit invariably answered correctly*. 2. When the ques-

tion was such that the medium neither knew the answer, nor could have any possible chance of hitting right by coincidence, *the response was invariably wrong*. 3. When there was a chance of hitting right by coincidence, as in questions of yes or no, or questions of numbers, and some others, the answers were sometimes right and sometimes wrong. 4. If the questions were mental, and no chance of guessing right existed, the answers were *always false*. If, in addition, the countenance was so guarded as not to show when a mental question was asked, the answers were not only false in substance, but out of time with the question; and answers repeatedly came *when no questions had been asked*."

So also Dr. Norton thus expresses himself. "In regard to the writing I have probed the matter to the bottom. I have been a writing medium, and can demonstrate by an analysis of my own mind, while engaged in receiving communications that the spirits of the dead are not at all concerned in it."

Spiritualism does not stop here; its devotees are further distinguished by their *enlightened* opinions upon nature, man, &c., and their reckless discussions of the holiest themes. According to them, nature is before the bible—revelation, unless agreeing with nature, is wrong—hell has no existence—the events in the life of the Saviour were not more miraculous than those of any good man—seeing God is heaven, whether in this sphere or any other—religion is no such thing as is and has been taught by theologians, &c. &c. The spirits intend, they say, to unfold the wisdom of the spirit world; to deliver mankind from error; to share the wisdom of the immortal home, and effect a reformation in all that pertains to a life beyond the tomb.

The end of these things is awful. From terror, excitement, and such like influences, the mind grows weaker and weaker, until, alas, wisdom has been often seen to desert her throne, or distraction to sit down with her. In a short space of time, 27 suicides, 8 murders, and 209 cases of insanity occurred where spiritualism was most fashionable, and were directly traceable to it as the cause.

A MEDICO-LEGAL CURIOSITY.

At Damascus, in 1840, a Roman Catholic priest, having suddenly disappeared, a strong suspicion arose that he had been murdered, and certain Jews were charged with the crime, for horrible purposes. The sewer in the quarter of the town where they lived was examined and some bones found, which were pronounced to be human, and considered

confirmatory of the suspicion that had arisen. Several of the accused parties died under the tortures to which they were subjected. The bones, after some time, were sent to Paris, and having been examined by the Academy of Medicine, were found to be those of an animal. The eminent writer who records this remarkable example of the deplorable effects of ignorance and the low state of anatomy, does not believe that such a mistake could occur where there were educated men, as it might be prevented by the examination of even a fragment. His opinion, however, is controverted by a late performance in this city. An aged pensioner lived unhappily with his wife. She was missing for a few weeks, and the thrilling intimation was mooted that he had made away with her. He was apprehended on suspicion, and in a search for confirmation of the current belief, some bones, more or less imperfect, were withdrawn from the ashes in his fire-place, whither they had lain hid. Three physicians of this city having examined the relicts, declared it as their conviction that they were the bones of an aged female, and this being put together with that, it was about to go hard with the poor old man, and he might have suffered the severest penalty of the law, had it not been that the solemnities of the court were interrupted by the entrance of his beloved consort in unimpaired health. The malicious bones were subsequently proved to belong to a sheep. They had formed part of the dinner meal, and having been picked, were carelessly thrown upon the hearth. We will not now pursue any further this sad exposition of professional benightment. On another occasion, as requested, we may expatiate on the differences between human bones and those of animal. In the meantime, we recommend the case to the notice of our medico-legal friends and expect hereafter to see it duly emblazoned in the pages of history as a great fact.

CENSUS OF THE CANADAS FOR 1851-'52.

The first report of the Secretary of the Board of Registration and Statistics on this subject has lately been printed. The census was divided into Personal and Agricultural. The last is by far the most advanced. The former is intended to include census by age, births, deaths, &c.—trades and occupations—causes of disease—number of houses, and families occupying; but, so far, it only comprises a few general observations and tables, containing the origin and religion of the people of Canada. It is stated that the rest is being extracted and prepared, and much is ready for the printer. It is a work of vast labor, and no pains have been spared to collect the required information. Of necessity it takes a long while for completion, even with the aid of many hands. To the profession one

of the most important points is the causes of deaths; but we fear its statements, as in similar statistics, will lose much value from incorrectness of the accounts given in to the Board. Persons are constantly dying from unknown causes, and with ailments that are supposititious. Too often a name is given at random, or on false belief, to cover a disease to which it has not the least reference. We have seen this done both in public and private, and do not write unadvisedly. The weekly bills of mortality in any large city show the same truth.

The census is supposed to have been taken on the 12th January, 1852. The population of the two Provinces amounts to 1,842,265—of Upper Canada 952,004, of Lower Canada 890,261. Comparative tables show that the greatest rate of increase in the former has been 11½ per cent. per annum, in the years 1834 and 1851; lowest 4½ per cent., in 1825 and 1842. Similar details are not given of Lower Canada, but simply a table of its population in different years; in 1831 its population was 511,920.

Attendance at the Schools of Medicine in Canada. Session 1853-54.—At Toronto there are 50 registered students in Trinity University, of whom 8 are matriculants for the degree of M.B., having passed the necessary preliminary examinations. The Toronto School of Medicine numbers 37 pupils. The medical department of the Toronto University is not in operation.

At Quebec there are 8 students following the School of Medicine of that city; upon some of the branches usually taught—practice of physic and surgery—there are no lectures given.

At Montreal, a larger number of medical aspirants have congregated together during the present than in any previous winter. 76 names are enrolled in the matriculation book of the medical faculty of McGill College, and 38 élèves are attached to the Montreal School of Medicine and Surgery.

Quebec Marine and Emigrant Hospital.—His Excellency the Administrator of the Government has been pleased to make the following appointments to this institution. Dr. James Sewell, Alexander Buchanan, Esq., Chief Emigrant Agent, and Dr. Olivier Robitaille, to be trustees for its management, in place of the former Board of Commissioners, whose appointment is revoked. Dr. James Sewell to be chairman, and Dr. Philip Wells to be secretary and treasurer of the said trust. Drs. Joseph Painchaud, Jean Blanchet, Alexander Rowand and Alfred Jackson, to be visiting physicians in the place of former physicians, whose appointment is revoked. These new appointments are dated, Secretary's Of-

fice, Quebec, 9th December, 1853. Each attending physician is to have a salary of £100 per annum. We believe there is thus carried into effect the suggestions of the Commissioners authorized to inquire into the state, &c., of the hospital in November, 1852. The staff is undoubtedly very efficient, and we are glad the services have been secured of gentlemen whose reputation for skill and fitness is so generally admitted. We think, however, the numbers might have been increased, with great propriety and evident advantage.

Cost of Medical Journals.—Novitiates who know but little of the secrets of "our fraternity," will be surprised to learn that during the past six months, the payments on account of the Provincial Medical and Surgical Association have amounted to £1330 6s. 10d., or an aggregate of £2660 13s. 8d. for the whole year. Nearly on a par with this is the fact that the Medical Society of Virginia have determined on establishing a state journal, devoted to the cause of medicine, the incidental expenses to be defrayed by subscribers, and, if necessary, by the pockets of 300 members; among other items is the sum of from $800 to $2000 to pay a financial agent. After such literary experience, what luckless enthusiast would have the temerity to rush into types and press!

New Sticking Plaster.—We notice by a late *Lancet*, that Mr. Nickels has invented an elastic adhesive plaster. The adhesive material is spread on an elastic fabric, expressly manufactured. It possesses great elasticity, allows a free play of the muscles, and does not impede the circulation. No external bandaging is needed. It seems particularly applicable to wounds and ulcers on the face and hands, or it may be moulded to, or laid on, any prominence or cavity.

Additional Exchanges.—It affords us the greatest pleasure to place the following Journals on our exchange list:—Edinburgh Monthly Journal of Medical Science, London Medical Circular, Dublin Medical Press, The Stethoscope and Virginian Medical Gazette, Kentucky Medical Recorder.

Books received for Review.—Buckler on Bronchitis, 1853: Messrs. Blanchard & Lea. Carpenter on Alcoholic Liquors, 1853: Messrs. Blanchard & Lea.

Dr. Dunglison's Materia Medica, with the other books on hand, will receive due attention in our next.

HOSPITAL REPORTS.

Compound comminuted fracture of the outer ankle, from the bite of a bear.—William Jordan, healthy and temperate, ætat 25, a gardener in the employ of Mr. Guilbault, upon passing through the zoological grounds on the evening of the 12th September, 1853, kicked back his left leg at a large black bear, which refused to obey his beckoning, when the animal sprung at his outstretched foot and caught the ankle in its mouth, locking its jaws across the transverse axis of the joint. He was held fast in this manner for a few moments, until rescued by some bystanders.—Several wounds were inflicted by the teeth, and one in particular larger than the rest, over the lower end of the fibula, from which a practitioner who saw him soon after the occurrence of the accident removed a small bit of bone. During the night he lost a considerable quantity of blood.

Next day he was admitted into the Montreal General Hospital by Dr. Wright, when, upon examination, the part appeared slightly swollen, and was very painful. A contused wound existed over the inner malleolus, of slight extent, and not deeper than the skin. Over the outer malleolus was a large open wound, irregular in shape with lacerated and everted margins, filled with clotted blood: on probing this the bone beneath was found splintered and broken into spiculæ, some of which were wholly detached and easily taken away, during the operation, while others were so adherent that their removal was not deemed expedient. The form of the outer malleolus was preserved, shewing the absence of any complete separation longitudinally, and neither bones of the leg having been fractured transversely, there was no shortening or displacement of the foot. A smaller circular wound, bruised, and not unlike that from a gun shot, lay along the outside of the tendo achilles, and between this and the first mentioned were seated four small abrasions at short intervals from one another. He was directed to keep warm water dressing constantly applied, and to take a table spoonful of mist antimonial aperien every three hours.

15th. Wounds not bordered by redness and not very painful, looking sloughy; through the largest, which is about the size of a shilling and patulous, the bone can be readily felt bared. The abrasions have scabbed. Sleeps well; pulse not accelerated; bowels not moved for two days; tongue slightly furred. ℞. jalapæ gr. x. hydr. chlorid. gr. ij. ch. iij. j. om. 3h. Cont. mist.

16th. Still constipated. ℞ scammon ℈ss. ol. tiglii. gtt. j. s.s., which produced the desired effect.

19th. Slight redness round sloughs: feels somewhat painful. Linseed cataplasms substituted for water dressing.

22nd. Considerable portion of sloughs separated and succeeded by healthy granulation and suppuration: a portion of slough at bottom of largest wound appears to consist of fibrous tissue. Only two wounds now exist; the remainder—chiefly abrasions—are healed. No pain; no fever. Sleeps well.

24th. Getting hungry: increased diet: omit mixt.

26th. Slough entirely detached: exposed surface studded with healthy granulations: no part of bone seems uncovered. Over the largest ulcer there is loss of skin for nearly size of a half crown piece, and over the other for about one third this size. Omit catapl. Approximate edges with straps of adhesive plaister.

29th. No material amendment has yet occurred. Discontinue straps and apply lot. acid nitric.

October 4th. Granulation advancing: large sore nearly filled, its bottom all but on a level with the skin: the smaller has contracted to half its size.

5th. Granulations look pale and less healthy. Complains of slight headache and malaise. ℞ pil. hydrarg gr. x. nocte. Haust nig. cras. mane.

10th. Only the large ulcer is open; its granulations have been large, faint in color and not numerous. Discharge seropurulent and not very copious. A thin plate of bone about size of a three penny piece, pointing, was extracted by forceps.

17th. Sore smaller, but other characters as at last report. A piece of bone like the last came away spontaneously this morning.

20th. Granulations continue sluggish: to be touched with tincture cantharides.

21st. Lotion changed for cerat resin.

26th. Ulcer not larger than a shirt button, granulations florid and small, pus laudable: apply red wash instead of cerate.

28th. Suppuration ceased, sore covered with a scab. Motion of joint a little restricted from disuse. Discharged.

Nov. 14th. Was seen to-day, states that soon after he left the Hospital the crust fell off, and a little matter continued to run for several days from a small point, through which, on the 9th, a little particle of bone passed out, and that immediately afterwards the hole closed up, leaving an uninterrupted cicatrix.

23rd Nov. About 4 days ago a pustule appeared in upper part of cicatrix over malleolus, it broke, and has since been giving exit to a small quantity of matter. Around the cicatrix the skin is red, a little raised and rather sore.

26th Dec. In the beginning of the month stopped discharging, and continued dry till a few days ago, when another pimple came out in the old spot, broke, and has since been running. There is evidently another ossicle being extruded. Since he left the Hospital he has been walking about a good deal, and for the most time been working hard.

RETURN of Sick in the Marine and Emigrant Hospital, Quebec, from the 30th October to the 3rd December, 1853, inclusive.

	Men.	Women.	Children.	Total.
Remained,	47	23	4	74
Since admitted,	72	16	5	93
	119	39	9	167
Discharged,	89	16	5	110
Died,	3	2	1	6
Remaining,	27	21	3	51
	110	39	9	167

Fever,	5	Ulcers,	5	Amennorrhœa,	1
Inflam. of Lungs,	5	Wounds,	2	Pregnancy,	4
Rheumatism,	9	Contusions,	10	Necrosis os front,	1
Dysentery,	1	Burns and Scalds,	4	Fist in ano,	1
Dropsy,	1	Pertussis,	1	Strictura,	2
Syphilis,	11	Ophthalmia,	2	Epilepsia,	1
Fractures,	2	Febricula,	6	Hypert. Heart,	1
Abscess,	4	Anæmia,	1	Paralysis,	1
Frost Bite,	1				

C. E. Lemieux, House Surgeon.

MONTREAL DISPENSARY—SEMI-ANNUAL REPORT.

From 1st May to 1st November, 1853.

Patients admitted, 243; Discharged—Cured, 179; Relieved, 53; Remaining, 7: 13 were attended at their own residences.

Ages—Under 2, 31; from 2 to 8, 35; from 8 to 20, 31; from 20 to 40, 74; from 40 to 60, 61: over 60, 11.

Diseases and Accidents.

Febris, com. cont.	5	Dentitio	3	Lichen trop.	1
" remittent	4	Diarrhœa	26	Porrigo fav.	1
" typhoid	1	Dysenteria	2	Scabies	1
Scarlatina, simp.	1	Dyspepsia	16	Tinea capitis	1
Varicella	1	Emesis	1	Amenorrhœa	2
Variola, confl	1	Gastritis, subac.	2	Dysuria	1
Anæmia	1	Hœmorrhois	1	Graviditas	3
Debilitas	2	Helminthiasis	9	Mastoitis	1
Marasmus	1	Hypochondriasis	1	Menorrhagia	1
Rheumatismus	8	Irritatio Intest.	2	Palpitatio	2
Struma	2	Pyrosis	2	Vaginitis	1
Syphilis consec.	7	Stomatitis	2	Contusio	11
Bronchitis	13	Hydrocephalus	1	Fractura	4
Catarrhus com.	9	Ictus solis	1	Vulnus incis.	6
" senil	2	Hysteria	1	Abscessus	4
Hæmoptysis	1	Neuralgia	1	Adenitis	4
Laryngitis	1	Pleurodynia	2	Arctus immob.	1
Pertussis	3	Odontalgia	4	Caries	2
Phthisis	9	Conjunctivitis	2	Hydrarthus	3
Pleuritis	1	Auris Ulcus	1	Ling. coarct.	1
Ascites	2	Cophosis	1	Mollities ossium	1
Cholera Canad.	1	Ecthyma	3	Paronychia	3
" Infant.	4	Eczema, ch.	1	Parulis	1
Colica Flat.	1	Herpes Zoster	1	Phlegmon	1
Constipatio	7	Lepra Vulg.	1	Ulcus	8
Cynanche Tons	2				

Attending Physicians—May and August, Drs. Peltier and Jones: June and September, Drs. Fenwick and R. P. Howard: July and October, Drs. Boyer and Wright.

MEDICAL NEWS.

Wm. Pain, Esq., of Feltham, Middlesex, has bequeathed the sum of £1,500 to King's College Hospital, London.—A Committee is in course of formation in France to promote the erection of a statue to the distinguished M. Arago.—The personal effects of the late Bransby Cooper, Esq., have been sworn under £6,000.—A M.S. work on the natural history of Balmoral and its neighborhood, by the late Dr. McGillivray, has been purchased from the executors by Prince Albert.—The subjects of the Pacha of Egypt who study medicine, surgery and military sciences at Munich, have been recalled by order of the Pacha.—A woman in an excited state went into a drug shop and asked for poison: the druggist very sensibly gave her carbonate of soda, which she swallowed on reaching home. She then bade her children good bye, told them she was done for,—and lived.—The noble specimens of pythons, boas and other snakes in the London Zoological Gardens have succumbed day after day to a disease in the mouth, which seems to have affected nearly all of them.—At Bucharest, the hospital is full of sick soldiers (Russians); and in addition to the barracks, 23 houses are converted into receptacles for the sick, of whom 40 wagon loads arrived from the camp.—£15,000 has lately been bequeathed to the Hospital for Consumption, Brompton.—The latest dodge for getting a practice seems to be micturition. Seated in your gig or sleigh, with or without a tiger, dash furiously down a highway. While all heads are turned to see who it is, and are speculating on the urgent case, quietly turn into a side lane. Leave your seat to perform the operation indicated. When finished, re-enter gig or sleigh, and quietly turn the horse's head homewards.—The profession, says the Boston Medical and Surgical Journal, has been served with a pamphlet containing *proofs and evidences of the purity and medical properties of Wolfe's Scheidam Arromatic Schnapps.*—The small pox is prevailing to a great extent in the Auburn State Prison, forty persons being down with it.—The corner stone of the new edifice to be erected for the deaf and dumb of the State of New York was laid on Tuesday, 22nd Nov., at Washington Heights, New York.—Dr. Bull, one of the most distinguished surgeons of Birk, committed suicide whilst laboring under an aberration of intellect.—Dr. Francisco Kennandey, a celebrated physician of Cuba, is under arrest by the government; and also his son, a lad of 13, who had just arrived from the States.—The Courier de l'Eure communicates to the world an account of spontaneous kindling, though no combustion, in the person of a mantua-maker. This young lady was sewing one night by the light of a candle, when she felt an undue heat all over her body. She noticed at the same time that her fore finger was on fire. The flame was bluish, and emitted a sulphurous smell. *Her apron caught fire, and she was obliged to take it off.* The girl spent the night in efforts to extinguish the blaze, and only succeeded at day-break.—Dr. J. V. C. Smith, the well-known and able editor of the Boston Medical and Surgical Journal, has been nominated on the Citizen's ticket for Mayor of Boston. Success to him.—Mr. Guthrie, the Secretary of the American Treasury, has issued an order that everything purporting to be for medicinal purposes, quack and "patent fixins" and all, shall be subject to inspection, under an Act of Congress, to "prevent the importation of adulterated and spurious drugs and medicines."—The Town Council of Frederickburg, Virginia, have recently passed an order directing that the tax on licenses, paid by Lawyers, Physicians and Dentists, for the year 1852, should be refunded. This is in accordance with a decision of Judge Lomax's, that such taxes were unconstitutional.—In New Orleans, in 1822, the highest number of deaths, in any one day, from Yellow Fever, was 60. In 1833, the highest estimate in one day is put at 53, In 1841, the highest number was 44. In 1847, on the 22nd day of September, 77; and this year, the highest number in one day was 208.—Dr. Elliott, of Carlisle, says that great assistance has been derived, during the removal of manure, otherwise so perilous, by the immediate use of a few shovelfulls of soot. It answers equally as well as quick lime.—The Census of England for 1851 showed 21,435 persons practising one or more departments of medicine without qualification. In Birmingham there was one "herbalist" under 20 years of age; two "keepers of lunatic asylums" under 20; fourteen female "leech-bleeders"; and one *female* "physician." One female "dentist" in Taunton; a physician in Norwich under 20; two "medicine venders" in the Lower Hamlets under 20; one "midwife" in Preston under 20; one "physician" in Canterbury under 20; and two "physicians" in Bristol under 20.—Mr. Pierre Bernard defines life to be "a disease of which we die."—The amount payable for license to sell tea, coffee, chocolate, and pepper in England is 11s 7½d per annum. Chemists may sell pepper mixed, or for medicinal use; but if they sell it for domestic purposes, they are liable to the tax for license.

THE

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ORIGINAL COMMUNICATIONS.

ART. XXX.—*Case of Hæmaturia, treated by Pulv. Gallæ.* By F. S. Verity, M.D., Hemmingford.

About 7 years ago, I visited J. D., a farmer, about 60 years of age, of good constitution, though somewhat impaired by intemperate habits.—At that time, owing to diseased prostate, he failed to void his urine, and I had to employ the catheter several times. Upon ceasing my attendance, I taught him to introduce the instrument, since which time he has occasionally used it. On 19th January last, I was hastily summoned to him in the night. I reached his house about 4 A. M. He then told me that about midnight, previous to going to bed, he had used the catheter and emptied his bladder, as before, without any pain or difficulty, and then lay down; in about a quarter of an hour he became very uneasy, felt pain in his kidneys, and wanted to make water again, which much surprised him, as he had so recently emptied his bladder. He tried to introduce the instrument and failed, upon which he became alarmed and sent for me, and finished by telling me "he should burst if I did not quickly help him." His appearance at this time indicated mental and bodily suffering. His countenance was anxious, face blanched, skin cold and clammy, pulse 110 jerking and feeble, great pain in the inguinal and hypogastric regions. Upon examination I found the hypogastric region was occupied by the distended bladder, as high up as the navel, and could be felt as a round, firm and prominent tumour: the inguinal regions were full and tense. The history of the case and the symptoms left no doubt on my mind that the bladder was filled with blood. Without loss of time or any difficulty I introduced the catheter, and to my surprise nothing came away;—I withdrew the instrument and found the eye of it obstructed by a clot of blood. After clearing, I introduced it again, still nothing flowed: the poor fellow hereupon became greatly alarmed, lest he should be kept suffering until I could send home for a syringe to accomplish his relief. I now got a quill and adapted it to the

mouth of the catheter, and taking some warm water into my mouth, forcibly drove it into the bladder, when a stream of bright blood issued from the instrument until a chamber utensil was more than half filled, and the bladder emptied. While examining the blood, I was hurriedly called to my patient, who said that his bladder was again filling, and that he felt dizzy and faint; I again introduced the catheter, drew off about a pint of blood, and injected cold water into the bladder, at the same time I put a piece of ice into the rectum, a bladder of cold water to the perineum, and gave him some cold brandy and water, and sent off for some pulv. gallæ. In ten minutes he rallied and said he was easy; it was very apparent, upon examination, that hemorrhage was still going on, but as he was comparatively easy, I did not again disturb him, and resolved to await the effects of the astringent I was going to administer. In about 2 hours I gave him pulv. gallæ. ʒss., and at the expiration of another hour ten grains more. His bladder was then emptied, and I had the satisfaction of seeing the blood well diluted with urine. I waited 5 or 6 hours with him, again used the instrument, when urine flowed very slightly tinged with blood. At the end of 24 hours his urine was clear and without a trace of blood in it. After he recovered from the effects of the loss of blood, he was as well and hearty as ever, and up to this time has never seen the appearance of blood, although he uses the catheter once and sometimes twice a week.

In many cases of hæmaturia it is often difficult to say with certainty from what part of the urinary organ the hemorrhage proceeds; but in this case, the history and symptoms clearly shew the hemorrhage to have proceeded from the prostrate gland, which was probably injured that night in introducing the catheter. I have no hesitation in saying the man owes his life to the pulv. gallæ. The cold treatment was of very material temporary service in *checking* the hemorrhage, until the administration of the astringent, but the patient was so prostrated by the loss of blood, and complained so much of the uneasiness occasioned by the cold applications, that I was obliged to suspend them from time to time, and whenever I did so, the hemorrhage recurred; the credit of the cure is due, therefore, to pulv. gallæ., and the chief point of interest in the case is the rapidity and completeness with which the cure was effected. After the first dose the man's life was no longer in jeopardy, and in 24 hours all trace of blood in the urine had disappeared. I learned the use of the pulv. gallæ. from a hint furnished by Dr. Watson, as to the power of Ruspini's styptic, which is a solution of gallic acid in alcohol. I venture to assert that it is the most efficacious of the vegetable astringents in the suppression of hemorrhage from the urinary organs, and that any one who uses it in Hæmaturia will not be disappointed in his expectations.

ART. XXXI.—*Death from Uterine Hemorrhage.* By W. MARSDEN, M.D., Governor of the College of Physicians and Surgeons of Lower Canada.

(*Continued:*)

Dr. ROY re-examined.—Being predisposed to hemorrhage, violence would have accelerated deceased's death. The convulsions were those which ordinarily precede death. He saw the tongue lacerated after these convulsions were over. If spirituous liquors had been taken by deceased, previous to her death, there would have been some odor of them.

Dr. VINCENT MARTIN deposed, that he, together with Dr. Roy, made the postmortem examination of the body of the deceased. The external marks of violence upon it may have been caused by the blows of a fist or stick. The congestion of the pia mater could not have produced death so suddenly. There was slight congestion of the lungs on both sides, but not sufficient to cause death. There were some remains of food and fluid in the stomach, but no particular odour came from them. The uterus was the same as that of a woman who had had several children, and it was contracted to its ordinary size. He found nothing in the uterus when he opened it; in the neck of it there were remains of a portion of fluid. There were marks of considerable congestion in the right iliac region; the iliac vessels, though much bruised, were not divided. There was no extravasation in the cavity of the pelvis. He opened the bladder, and no urine escaped from it. He attempted to discover some arteries, from the rupture of which so great a quantity of blood escaped, but without success. The congestion in the right iliac region may have been caused by a blow or a fall. This congestion could have produced a great flux of blood. The hemorrhage was the cause of death. Considering the general condition of deceased, the bruises, &c., it would be difficult for him to say that deceased died from natural causes, and therefore it was that he was of opinion that she died from acts of violence. Had deceased been predisposed to hemorrhage, acts of violence would have accelerated her death.

Cross-examined.—The hemorrhage could have been produced by deceased's falling down stairs, though in such a case there would likely have been some excoriation or abrasion of the skin.

Dr. JOSEPH MORRIN had heard the most of the medical evidence, and would say, from the facts sworn to by the medical men, that the deceased died from uterine hemorrhage. He had reason to believe that the hemorrhage had been caused by acts of violence or wilfulness. There was a predisposition to hemorrhage in deceased, and any violence might have increased it. He had never known a case where uterine hemorrhage, from natural causes, was fatal; violence, whilst such he-

morrhage was taking place, would accelerate death. From the testimony adduced, he could not assign any cause of the hemorrhage in this case. The knee of a person pressing against a particular part of the body might produce it, and yet leave no external mark of violence.

Dr. Jean Blanchet deposed, that from the facts sworn to by the medical gentlemen who made the post mortem examination of deceased's body, he was of opinion that the hemorrhage was caused by acts of violence.

Dr. James Sewell had heard the evidence in the case. The deceased died from excessive uterine hemorrhage. He had known cases of hemorrhage of the same kind occur without being able to assign any cause for it. In cases of the same description to arrest the hemorrhage plugging of the vagina is resorted to. He had never seen a case in which death occurred from hemorrhage. Wine, brandy, or other stimulant, combined with complete rest, is the treatment followed in cases of the description of deceased.

Dr. Landry not having been examined by Mr. Solicitor-General Ross for the Crown, was placed in the witness box by the Defendant's Counsel, Andrew Stuart, Esq., and deposed to the fact that spirituous liquors pass rapidly from the stomach into the system, having recently examined the body of a person who died drunk, and yet no traces of liquor were discovered in the stomach.

Dr. Wm. Marsden deposed that he had heard the evidence of Drs. Martin and Roy. The immediate cause of death was hemorrhage, the remote cause, he believed, to have been the deceased's habits. The period at which the hemorrhage took place was a critical or likely period. He was of opinion that there was impregnation at this early period, in which opinion he was confirmed by the fact of coagulable blood being so copious. The pains in the loins and back were such as frequently exist at an early period of gestation. Impregnation often takes place immediately after a miscarriage, where lactation does not occur. Intoxicating drinks, violence, mental excitement, or passion will produce hemorrhage, or aggravate it. Among the essentials in the treatment of such hemorrhages, are, total and complete rest and quiet, bodily and mental, the horizontal position, &c. He regretted to differ in opinion with Dr. Blanchet, for whose judgment he entertained the highest respect, but he did not think that any or all the injuries put together were sufficient to have caused death. The hemorrhage alone was the immediate cause of death. He did not think that the injuries were the direct cause of the hemorrhage. The deceased was of hemorrhagic temperament, and died from uterine hemorrhage, for the arrest of which proper and efficient means were not used. He attributed the hemorrhage to a

combination of causes, and among them the chief was drink and its consequences. Death might result from spontaneous hemorrhage alone.

In order to appreciate the medical testimony, it will be necessary to say a few words about the evidence of the non-medical witnesses. I have already said that it was of a most partial character, and they all, both male and female, seemed to have made up their minds that the prisoner was a brutal monster, although the only act, even of *unkindness* towards the deceased was, having, on the morning of her death, *pushed* her from the door as if to get her into the house. On the defence it was proven that prisoner was uniformly kind to deceased, who, on the contrary, was much addicted to drink, neglected her domestic duties, frequently leaving prisoner either to cook for his children himself, or get some neighbor to do so. That deceased had frequently struck the prisoner, and he had never resented it, and that she had occasionally barred him out of his own house at night, so that he was compelled to sleep at a neighbor's, unless he had broken into his own. A witness from an adjoining parish proved that he had called at the house of prisoner, on the morning of the death of deceased, on his way from Quebec, and that he found her intoxicated at 8 o'clock in the morning, and *blood flowing from her as she staggered across the floor*, and that he, witness, prevented her from falling into the cellar, the trap-door of which had been opened to bring up something for witness. It was also proved that the marks and bruises which one of the above-named medical gentlemen declared were recent, "and had most likely been caused the same day!" had existed for several days. The push referred to was such an one only as was necessary to remove an unfortunate creature from the door, where she was exposing herself in a state not fit to meet the public gaze.

There are several points of pathological interest in this case which it will not be possible to touch upon in this paper as I desire, without making it too long, but I purpose resuming it in your next. It establishes the necessity of the Coroner being furnished with competent and disinterested testimony; that is, testimony unbiassed by any local prejudices or knowledge, but what the evidence before a jury never brings forth. In the present case, such testimony would have prevented the immense cost to the Province, and the harassing persecution of a public criminal prosecution. The medical evidence, also, or medical notes of the gentlemen examined before the Coroner, seem to have been very loosely taken, as one gentleman swears that there was no hemorrhage from the bladder, although it *was not opened*, and the other states distinctly that it *was* opened. Such errors, (for errors there evidently are,) are not creditable to the profession in any case; but more especially so where life and death are involved.

One of the medical gentlemen swears that the violence was the cause

of death, although the injuries were afterwards proven not to have been of recent origin.

(*To be continued.*)

ART. XXXII.—*Short Sketch of an Epidemic of Scarlet Fever, with a few general Remarks.* By JAMES BARNSTON, M.D., Edin.; Extr. Member of the Royal Medical Society, Edinburgh; Member (ex officio) of the Parisian Medical Society, &c.

I am induced to submit the following outline of the origin and progress of an epidemic of scarlet fever which lately appeared in Selkirk, in the south of Scotland, as it presents many points of importance to interest the medical man. Having possessed a favorable opportunity of observing it from the commencement to its termination, its leading characteristics were faithfully noted down at the time; and however imperfectly they be now conveyed, I trust they will prove in themselves sufficiently interesting to the reader.

During the month of May, and previous to this period, the town of Selkirk, was considered very healthy, in spite of much variable cold and stormy weather. Subsequent to these atmospheric changes, which are common in spring, in situations so highly elevated, a genial warmth succeeded, accompanied by dampness and occasional rain. It was at this time that scarlet fever made its first and unexpected appearance, by attacking, simultaneously, three families living at some distance from each other in the town. In one of these families, all the children, six in number, labored successively under the disease, which affected two of them very severely. The two children of the second family—both under two years of age—took the disease; the eldest in the malignant form, which proved fatal. The only child of the third family, who lived in another part of the town, was seized with the typhoid variety—which also proved fatal in this case.

The disease next appeared in a family who lived a mile and a half distant from the town, and whose communication with it was entirely cut off. Here seven out of eight, including the mother, suffered from the disease, and out of four of these cases which proved typhoid in their nature; three deaths resulted. Not to particularise any further into individual cases, the disease increased very rapidly after its commencement. It was not observed to localise itself in particular localities, and gradually spread from one house to another in the neighborhood; so far from this, the epidemic diffused itself widely and rapidly over the whole extent of the town, various sections of it appearing to be *poisoned*, as it

were, at one and the same time. Again, it was particularly observed that those close restrictions which many parents put upon their children in separating and confining them from the beginning beyond the boundaries of contact with others, who had either been already infected, or had mingled with the diseased. I say, these restrictions, just and appropriate as they were, proved no guarantee for their preservation and safety. Their constitutions were not proof against the infectious principle which pervaded the atmosphere throughout. To verify this statement, I select the three following cases.

The first was that of a merchant, who lived at one end of the town, and who, from the first, confined his only child at home, and carefully preserved her from any inter-communication with others; yet, strange to say, she was among the first to take the disease in that quarter, and although the fever was mild, she suffered severely from secondary symptoms.

The second was that of a gentleman whose residence was situated on an elevation at some distance from the other extremity of the town, and although he prohibited his children from overstepping the precincts of his private domain, one of them suffered from scarlatina in the form of anginosa, and that, too, in spite of the previous administration of belladonna globules.

The third instance to be mentioned was that of another private gentleman, whose family resided two miles from town, in a fine healthy situation, yet three months' seclusion did not exempt one of his children from the disease. Nay more, this same one suffered from a second and more severe attack about a month subsequent to complete convalescence from the first.

Another feature of this epidemic, worthy of being observed, was the relationship between the evident changes in the atmosphere, and the condition of the disease, not only in respect to the numerical increase or decrease in the scarlatina patients, but also in reference to the different types the disease assumed.

At the commencement of the epidemic, the disease was very frequently of a typhoid nature, demanding the use of powerful stimulants; but as the heat of summer advanced, and the temperature of the atmosphere rose, it assumed a nature more decidedly inflammatory, in conjunction with the rapid increase in the number of persons infected. In July abundance of rain fell for a few days, followed by high winds, which effectually cleared up the atmosphere, and checked, in some measure the progress of the disease, and in no small degree diminished its intensity and virulence.

This mitigation was unfortunately, however, of short duration. At no distant period a fresh impulse was given to the extension of the disease,

which not only broke out with new vigour and intensity, but was likewise possessed of this peculiarity, viz., the invariable tendency to serious renal disorder, accompanied by inflammatory effusions; for it was especially observed that in almost every case which occurred at this stage of the epidemic, however mild the fever itself, the kidneys became prominently affected, either during the existence of the primary fever or at the first commencement of convalescence from it—exhibiting symptoms of the most decidedly inflammatory nature, and evincing the greatest obstinacy to every means of remedial treatment. A feature so marked and characteristic could not be overlooked when compared with the circumstance that, at the commencement of the epidemic, the disorder of the kidneys was slight, and effusions, partial or general, seldom or ever occurred. No change for the better took place in the epidemic till the beginning of October, when the decrease in the number of scarlatina patients became evident. From that time the disease gradually declined and dwindled away—simultaneously with a gradual variation in the state of the atmospheric constitution. The disease was not wholly confined to the town. It encroached upon some rural families living in the neighborhood—almost all within two miles of the town, excepting in one direction along the windings of the River Ettrick to the extent of twenty miles. In connexion with this part of the subject, it is peculiar to know that during the time scarlet fever prevailed in Selkirk, there appeared but five cases of it in Melrose and Galashiels, the two nearest towns to Selkirk. In the latter, whose population is twice that of Selkirk, only two instances were observed of its occurrence during the whole period of summer.

The disease was not solely confined to children. On referring to the statistical account which was carefully made, I find that the majority of those who suffered from it were under the age of six, while beyond that period the relative number of infected decreased in proportion to their advancement in age up to that of fifteen; and there were only six instances of its occurrence in individuals who had exceeded that age. I may here state, however, as worthy of observation in reference to the limited number of adults who were affected with genuine scarlet fever, that during the first two months of the epidemic and occurring afterwards, severe suppurating sore throats were very prevalent among adults, and although doubt might at first be entertained regarding the true nature of these cases, that is to say, whether they were scarlatinal or not, the whole train of evidence when combined sufficiently proves that they were local complaints, producing secondary or symptomatic disturbance in the system—at least a marked line of distinction could always be made between such cases and those of genuine scarlet fever. Occurring, however, as they did, at one and the same time, it is not improbable nor

unreasonable to suppose that the same exciting cause which gave rise to the one class of cases operated materially in the production of the other.

The main points of interest and importance connected with the history of this epidemic are as follows;—

1. The sudden and unaccountable origin of the disease.

2. Its rapid diffusion over the whole town, immediately following its induction.

3. Its introduction into many families in spite of all the appropriate preventive measures employed.

4. The remarkable relation observed between the evident changes in the atmospheric constitution and the variable condition of the disease in respect both to its limitation or extension and to the typical form it assumed.

5. The occasional prevalence of severe inflammatory affections of the throat in adults during the scarlatinal epidemic among the children.

And 6. The limited sphere of the epidemic influence which acted solely within the boundaries of this particular district, although constant intercommunication existed with the several villages and towns surrounding it.

The summary of evidence given regarding this epidemic serves to show pretty clearly the operation of atmospheric agency in the diffusion, if not the production of scarlet fever, and the exercise of its influence on the variable progress as well as the different forms of the disease.

The histories of many epidemics of scarlet fever have led some to entertain the belief that it originally sprang from a malaria or specific miasm, generated from local or accidental circumstances in the atmosphere itself. It cannot be denied that the atmosphere in certain localities may become contaminated with the exhalations proceeding from vegetable or animal matter in a state of decomposition or decay, and thus prove a source of disease. The origin of ague, or intermittent fever in malaria, as its exciting cause, is a manifest instance of this. But there is no proof whatever of scarlet fever, or any other exanthema, originating or diffusing itself in this way. On the other hand, when we analyze the respective histories of various disorders (with which scarlet fever is in this respect associated), the symptoms in each being specifically the same at all times, it seems reasonable to attribute their origin to specific exciting causes, which are primarily generated in the atmosphere at the period of their occurrence, and rapidly diffused through its medium. It is upon this supposition alone that we can at present with any amount of satisfaction account for the epidemic occurrence of many diseases, such, for instance, as catarrhs, epidemics, hooping cough, and occasionally small-pox and measles.

Respecting scarlet fever, it is well observed by Dr. J. Brown, in his article on contagion:—"Scarlatina appears suddenly in the latter end of autumn; many are simultaneously attacked, so many at the commencement of the epidemic, that it is wonderful where the foci of contagion exist to contaminate them. In its course it manifests signs of contagious power; it disappears sometimes suddenly, at others gradually, but long before subjects susceptible of the disease are wanting. No cases are seen for some months; and in the following autumn the same course is recommenced, and the same phenomena are displayed. Where lurks the poison whilst thus in abeyance, or does it exist any where?" Such phenomena, Dr. Brown suggests, displayed by some of those diseases which are contagious, tends to excite the suspicion that such causes, as atmospheric, may occasionally engender them.—(Encyclop. Pract. Med., vol. 1.)

It has been remarked by various acute observers that scarlet fever frequently arises suddenly, and rages epidemically in localities or districts where no sporadic cases have existed for a long time, even for many years, and it is equally certain that, at the present day, it does arise suddenly, and spread in the epidemic manner in various parts of the world, in localities where its previous existence was before unknown, and where its first appearance in the human subject could not in any wise be traceable to any previous exposure or communication, and since we cannot with safety adhere to the doctrine which supposes the original or primary production of the morbid germ in the system itself, it is, on the contrary, more consistent with fact and reason to regard the atmosphere as the exciting agent in generating and diffusing the morbid poison which, after its introduction into the system, produces those peculiar effects or symptoms which invariably characterise scarlet fever as a distinct disease. There is no subject, perhaps, in medical science involved in so much obscurity as the origin and nature of poisons in general, which we know to circulate through the medium of the atmosphere and produce specific effects upon the human body when introduced into the system. Our means and opportunities for investigation are but limited and uncertain, and the results of our researches, however carefully made, are liable to all those fallacies which necessarily depend upon obscure and imperfect evidence.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XXV.—*The Etiology, Pathology and Treatment of Fibro-Bronchitis and Rheumatic Pneumonia.* By Thomas H. Buckler, M.D. Pp. 150. Philadelphia: Blanchard & Lea. Montreal: John Armour.

Surely that critic deserves commiseration, who, flattered by the gain of acquisition, searches its reputed hiding place till, toil-worn, his profitless labors sink into hopelessness, and no other prospect of return awaits him than "the spurns that patient merit of the unworthy takes." We appeal to our readers for their sympathy, for thus have we been rewarded by our exertions in their behalf.

Dr. Buckler, in the middle of the 19th century, would have us confess with him that the only lung affections of which we are certain are three —pleuritis, pneumonia, and bronchitis—and that our knowledge of bronchitis has not improved at all, since the time of Lænnec, (p. 20); but we do not join him in these acknowledgments, for they are too singular, and can only be true when put in the singular number and first person. He gives himself the credit of now, for the first time, elucidating the true pathology of bronchitis. With marked precision he divides the disease into mucous, or that known to other folks, and fibrous, or that they have to learn; and this last is separated into fragments such as would suggest themselves to a physician in arms.

Of fibrous bronchitis he is indeed the first elucidator, and in his work is its description ingenuously constructed and cunningly devised, there, and there only, will be found its symptoms, peculiarities and management; recorded cases and their analysis. And yet, despite of all this, we believe that he is destined to stand alone—a forlorn student, unsurrounded by supporters, and without a follower; for in lieu of the conclusiveness of reality, we have only detected the falsity of misconception.

Would it not be improbable that Dr. B., whose knowledge of chest pathology has been illustrated, should recognise a disease of common occurrence that has hitherto escaped the observation of all the great masters of the stethescope—Skoda, Grisolle, Louis, Stokes, Williams, Davies, and the rest. Would not the improbability be heightened if this disease were the very one that Andral, Recamier, Deziemier, and many others, on the look out for the visceral diseases in relation to rheumatism, had spent many wearied years in search for. Would not the chances against him increase when we knew that he was wholly unacquainted with the microscopical researches of Henlè, Gluge and Vogel, who have revealed the minutest physical conditions of the bronchial tubes in disease. And would not any possibility in his favor lose all tenability when we fur-

ther ascertained that his real claims were those of invention, vested with the flimsiness of speculation, unaided by the solidity of duly appreciated facts, unfounded in morbid anatomy, and inferred by a wrong analogy. Such, indeed, we have found them, and unhesitatingly deny the existence of the diseases he has elucidated. Our position is maintained by the simplest proof.

Fibro-bronchitis, according to Dr. B., is seated in the fibrous and cartilaginous tissues of the tubes, p. 18, which he believes to be more frequently the seats of rheumatic inflammation than any *other white* tissues in the body, p. 125.

These passages expressly declare the site of the disease, and that it is of the nature of the tissues affected by rheumatism. Other quotations, if necessary, might have been added in confirmation. The author's belief is evident, and it is easy to conceive the happy extension—the new disease—it suggested. He has, however, been too premature in its announcement, for rheumatism is a disease peculiar to white fibrous tissue, not a strip of which is to be found in the bronchi. The walls of the bronchi are partly formed of yellow elastic tissue, which is as different to white fibrous tissue as caoutchouc is to leather, and which is never the seat of rheumatism. The two textures are as unlike in elementary constitution and physical properties as they are subservient to separate uses and distinct diseases. Had Dr. B. first made sure of the kind of fibrous tissue in the bronchi, where now would be his fibrous bronchitis? Passing from this to the other so-called site of the disease, the cartilaginous tissue of the bronchi, Dr. B. is opposed by equally insuperable objections. Cartilage never inflames, and only becomes diseased by contiguity with other textures so that as there is no adjoining tissue diseased in fibro-bronchitis, the cartilaginous structure of the bronchi cannot be involved. And again, this texture is only present in the larger tubes; it does not exist in the smaller, which, as we glean, fibro-bronchitis always, and often alone attacks. From the preceding, then, it is evident that a disease has been forced upon structures to which it has no relation, and with which it is incompatible; in consequence of an erroneous conception of their normal constitution and disposition.

Let us now turn to Dr. B.'s other disease rheumatic pneumonia. This may be dismissed with a shorter notice, for it is merely a caudal appendage to the first, without which it could not be developed, and upon the extinction of which it inevitably perishes, because "it is never idiopathic, but occurs as a secondary lesion, and is always symptomatic of and directly dependent on pre-existing fibrous bronchitis," p. 17. This simply means, as may be learned 109 pages further on, that the bronchitis, by extension, causes the pneumonia. If these were the ordinary diseases, then would we most emphatically contradict the statement; for

with Walshe and others, we hold that in the adult, idiopathic inflammation of the tubes does not pass on to the parenchyma,—inasmuch as the vascular seats of disease in the two are dissimilar and unconnected. As, however, the diseases are believed to be extraordinary and illusory, such denial is unrequired, and we let them pass without it on their road to the tomb of the capulets whither they are consigned.

In taking leave of Dr. B., we have only to say that he has evidently got hold of something. We sincerely trust he may yet understand it, and respectfully recommend him to study the modern writers on rheumatism as diligently as he has scanned some of their ancestors.

XXVI.—*General Therapeutics and Materia Medica, adapted for a Medical Text-Book.* By Robley Dunglison, M.D., Professor of Institutes of Medicine, &c., in Jefferson Medical College of Philadelphia, &c. &c. Fifth edition, with 187 illustrations in 2 vols. Philadelphia: Blanchard & Lea. Montreal: B. Dawson.

Dr. Robley Dunglison is well known to the profession; for years back he has been an indefatigable worker in its behalf. Of the very few physicians who enter the literary arena, none have left it in the same space of time with a greater number of marks of industry. He has both made books of his own and edited those of others. There is hardly a department of medicine in which he does not appear. Already do 6064 pages of print testify to his handiwork, and to his alone. Such a man commands admiration, and fixes attention upon his productions, whatever they may be.

The present volumes have been called out by the new editions of the pharmacopœias of London, Dublin, and the United States, that have lately been issued. All the works on the subject published since the fourth edition, have been carefully examined and used when demanded. Dr. D. has undoubtedly fulfilled the part of a compiler faithfully. In treating others well, we fear he has not done justice to himself. We have been astonished to discover much lack of originality, and in a gentleman of his distinction, this is truly surprising. Even subjects of common place observation, and extensible by very ordinary intelligences are treated of according as to what Drs. So-and-so say, and have found; to the exclusion of everything which the author himself must have seen and noted. For example, we are told that the general opinion of ergot is, that its operation is confined to the uterus in action; while, on the contrary, some think it is capable of originating uterine action, and inducing premature labor; but we are left in the dark as to what Dr. Dunglison believes, or must have observed. It is true we

have here a sort of epitome of the present state of knowledge on the points considered; but we would have preferred that Dr. Dunglison's experience had been thrown into the balance, so that one or the other scale might have been turned. In the physiological portion there is the same deficiency; but here, as results are more often arrived at by experiment than by experience, it might be less remarkable, were it not that Dr. D., from his position, leads us again to expect something else than disappointment. In the discussion of the modus operandi of medicines, the old difficulties of the subject, to our mind, are not cleared up. Speaking of the general action of medicines through the nerves, the experiments of Dupuy and Blake are stated; the first of which incline to the necessity of nervous agency, while the latter that absorption and circulation are competent ot account for the most rapid effects. Dr. D. simply expresses himself rather in favor of the former, and then briefly gives as a reason the difficulty of conceiving any other explanation to be possible.

A prevailing fault with prolific writers is to refer the indulgent reader from the book he is engaged upon to some other of their lengthy series; it being assumed that if he have one, he is in possession of the whole. But unless he be thus fortunate, he soon feels that a mention of the source is not equivalent to a detail of the information. In Dr. D.'s present work, it is announced that chloroform has many special uses; but when we search, be it ever so diligently, for their enumeration, we are disappointed in only learning that they may be found in the author's work on *new remedies,* in the possession of which we cannot rejoice.

Dr. D. has constructed a different classification of medicines to that adopted in the earlier editions. He makes six orders of medicines; as they affect prominently the alimentary canal; the respiratory organs; the glandular organs; the nervous system; the organs of reproduction, and various organs. To these he adds two more orders of medicines, as their actions are chemical or mechanical. The last only includes demulcents and diluents: we wonder which of these would claim for its own a pound dose of crude mercury when given on mechanical principles in intussusceptio? Antilithics do not fall under the chemical, as might be supposed, but are included in a class with errhines, diaphoretics, and some others, because the three specified affect, *par excellence*, glandular organs!

Writers on materia medica do not seem to keep in view the actual wants of the student. The best production is not suited to his capacity, and cannot be used as a vade mecum, while the less ponderous falls short somewhere or other of his requirements. To the latter class belongs the treatise before us, for it is occasionally silent, though more often deficient in description of the physiological effects; chemical characteristics;

mode of preparation, and rationale of changes during formation of medicinal substances. Of this, the account of Prussic acid is a striking illustration. The toxic relations and incompatibles are also imperfectly dealt with. The discussion of drugs derived from the vegetable kingdom is much more complete than of those peculiarly inorganic.

XXVII.—*A Treatise on the Venereal Disease.* By John Hunter, F.R.S., with copious additions by Dr. Philip Ricord, Surgeon of the Hôpital du Midi, Paris, etc. Edited, with notes, by Freeman J. Bumstead, M.D., Physician to the North Western Dispensary, New York. Pp. 612. Philadelphia: Blanchard and Lea. Montreal: B. Dawson.

Hunter's work on the venereal disease, with notes by Sir Everard Home and Mr. Babington, and additions by M. Ricord, requires no lengthened notice at our hands to commend it to the favorable notice of our readers. Hunter has long been looked upon as a great authority in, what the modern school somewhat magniloquently term, the science of "syphilography." And as for M. Ricord, pox never had a more enthusiastic investigator since it first appeared as a punishment on mankind for free indulgence in erotic pleasures.

Of all the consequences resulting from an attack of gonorrhea, stricture of the urethra is certainly the most unpleasant to the patient. It is not only frequently difficult to cure, but is often accompanied by various diseases of the organs and parts in the vicinity of the pelvis, the presence of which serves to render his life thoroughly miserable. Some surgeons, indeed, assert that stricture cannot be permanently cured; that, although the canal be restored to its normal calibre by the treatment pursued, the contraction is certain to return at some future period.—Whether all permanent strictures are to be considered as absolutely intractable, is, in our opinion, a question that cannot be answered in the affirmative. Many, doubtless, are very obstinate, and resist all the means and appliances at the command of the surgeon; but there are also many which yield to continued and persevering attempts to affect their cure, Dilatation, by means of bougies, &c., as our readers are aware, has long been the favorite practice in stricture of the urethra. To meet certain cases of an obstinate nature, the following modes of treatment have been adopted and found to be more or less successful:—Cauterization of the stricture, effected by means of variously contrived porte-caustiques: deep and superficial internal incisions by means of concealed lancets, &c. &c.; rupture by mechanical dilatation. Lately,

Prof. Syme, of Edinburgh, has proposed a new treatment for obstinate stricture, which has given rise to a most virulent controversy, abounding in broad invective and spicy recrimination, anything but creditable to the parties engaged in it. From a careful perusal of all we have met with relating to this now celebrated dispute, we believe that Prof. Syme has clearly shewn, that *division of the stricture by external incision through the perineum*, is capable of effecting a permanent cure in cases that have resisted all other forms of treatment. In a recent article, published in the Edinburgh Monthly Journal, Prof. Syme says:—"Having performed the external incision in eighty cases of obstinate stricture, without hemorrhage, extravasation of urine or other fatal consequence, I think the most determined opponent to this procedure will hardly venture to plead the danger attending it as an argument against the operation." The great objection brought forward by the opponents of the operation, aside from that of immediate danger to the life of the patient, was, that the good effect observable after the parts healed, were not permanent. Relapses have certainly occurred, which Mr. S. attributes to the incision "not being sufficiently free for dividing the whole extent of the contracted part of the canal." Having experienced the inconvenience of determining the seat and extent of a stricture at the time of operation, he "tried the effect of slipping a piece of elastic catheter over the director, so as to leave it exposed three inches from the point, and thence covered up to the handle." As he found this contrivance to answer the purpose in view, he had a solid steel director made of the same form.—These directors are grooved, and used either straight or curved, according to the site of the stricture. "The slender part having been passed through the contracted part of the canal, the director is confided to an assistant, who keeps it steadily pressed down upon the stricture with one hand, while he holds up the scrotum and penis with the other. The operator then cuts through the integuments and subjacent textures until he distinctly feels the guiding instruments, when, ascertaining at once where the stricture is seated, he inserts his knife in the groove at least an inch below the thick part, runs it forward to the termination, and then, taking the director in his left hand, withdraws it, together with the knife, still held at the extremity of the groove, so as to divide the strictured parts completely, which is shewn by the thick portion of the instrument freely passing the seat of its previous obstruction, when urged towards the bladder. If the operation has been properly performed, the catheter is passed with the same facility as in a perfectly sound urethra."

Among the novelties of treatment, lately recommended for primary syphilis, that of Dr. Sperino of Turin, (Med. Chir. Review), is entitled to notice, if it were only on account of its disgusting character. He ad-

vises and practises repeated inoculations, in various parts of the body, with matter from the primary sore, to preserve the system from the effects of the syphilitic poison. M. Auzias Turenne, of Paris, who holds the same views as Dr. S., having requested the Préfet of Police, M. Pietri, to allow him to experiment on the patients in the prison of St. Lazarre, a commission, consisting of MM. Melier, Ricord, Denis, Conneau and Marchal, was appointed by that gentleman to inquire into the merits of syphilization. After a careful and patient investigation, they arrived at the conclusion "that M. Auzias ought not to be allowed to try experiments with syphilization in any public institution whatever."

XXVIII.—*A Treatise on the Anatomy, Physiology and Diseases of the Human Ear.* By James Bryan, M.D., Professor of Surgery in Geneva Medical College; Professor of Institutes of Medicine and Medical Jurisprudence in the Philadelphia College of Medicine; President of the Medico-Chirurgical College of Philadelphia, &c. &c. Pp. 124. Philadelphia: Published by the Author. 1851.

When we wrote our review on Wilde's Aural Surgery, we were not aware of the existence of Professor Bryan's excellent little work on Diseases of the Ear. Unpretending in size, it contains a great deal of valuable practical information on the subject of which it treats. The Author states in his preface, "that personal observation (which has now extended over twenty years) in his profession, has been relied on for many of the facts and principles in the treatment of aural diseases; while the best authorities have been freely, though carefully, quoted."

We cordially recommend this treatise to our readers, feeling assured that they cannot spend five shillings to better purpose than in its purchase.

CLINICAL LECTURE.

Clinical Lecture on the removal of a particular kind of Opacity from the Cornea. By H. Haynes Walton, Esquire, F.R.C.S., &c. &c.

(Condensed from the Medical Times and Gazette.)

The treament of opacity of the cornea by practical surgery is not of modern invention. Authors who are now considered too obsolete to be received as authority discuss it. Notwithstanding the misgivings in the minds of our standard writers concerning its practicability, it has, within the last few years, been discussed in France and Germany, adopted in those countries, and, still later, executed in England. I certainly re-

cognize in the measure a considerable auxiliary in the treatment of affections of the cornea. It enables us to rescue eyes from conditions that are without the pale of ordinary means.

Elizabeth Wheeler, aged 29, became a patient here in 1845; attended some months, then resorted to some other ophthalmic institution; and ultimately replaced herself under my care in the summer of last year—1852. She was virtually blind, requiring to be led, and unable to perform any act demanding eyesight. The centre of each cornea, to an extent a little beyond the pupil, was occupied by a dense opacity, slightly raised, and which gave in profile somewhat the appearance of "conical cornea." The form of each was irregularly spherical, with sharp outline. The colour, French white, with dots or mottlings, not unlike those which appear on the back of the cornea in the affection called "aquo-capsulitis." Altogether, the appearance was peculiar and striking, conveying the idea of being due to a deposit of a substance probably cretaceous. The remainder of each cornea was transparent; otherwise the eyes seemed healthy. When the pupils were dilated she could see to move about in the house alone; but there was not sufficient sight for any employment.

Reflecting on the insufficiency of previous treatment, and on the physical character of the disease, I concluded that I had before me a case that warranted operation. I decided to employ the miniature gouge in preference to the knife. I selected the right eye, picked away at the outer edge of the opacity, detaching some, and found that it was superficial, and not deeper than the anterior elastic lamina. Finding my attempts successful, the opacity reduced, and transparency of the cornea thus far restored, I repeated my little process four times, at intervals of a month, and operated twice on the left eye. Now, there was vision enough with the right for her to read large type, and with the left she could move about alone. Still, on both, especially the left, some opacity remained.

She ceased to attend me from this period till the present summer, when I operated twice more on the right eye and nearly, but not quite, established a clear cornea, a small spot of opacity passing deeper than I deemed it prudent to penetrate. The left eyeball, too, was scraped a few times, and here, also, a central deep bit resisted removal. The appearance of the eyes is now so far natural, that it needs a careful examination in a clear light to detect the remaining opacities. The form and outline of the cornea are normal, and their entire surfaces reflect the light. Vision is nearly perfect.

The first points of practical import that demand remark, are the fitness of the case for the means used, and the signs by which such cases may be diagnosed. Concerning the first, the opacity being raised, and to all appearance of an earthy nature, and superficial, induced me to interfere. I suspected that there was a circumscribed deposit of a foreign substance which could be removed, just as one would extract a particle of iron, or any other extraneous matter, imbedded in the cornea. As to the second, I trust it is sufficient to put you on your guard to prevent you from mistaking small staphylomata of the cornea or fungous growth from the conjunctiva, for this affection. Of the precise nature of the substance scraped away, I cannot speak, as neither minute chemical nor microscopical examination were made.

This class of treatment is not restricted to opacities that are raised. So long as we have tolerable assurance that the loss of transparency of a part of the cornea is due to deposit of earthy material, there can be no reason against operating, although such deposit does not interfere with the natural outline of the part. At the same time, the opposite state renders diagnosis more certain, insomuch as it goes to prove that there is some material superadded. Nor does the practice end here; it has been applied to opacities the result of cicatrices from loss of substance of the cornea, or from opaque deposit, the consequence of inflammatory attack. Mr. Wells saw Malgaigne perform his second operation, of paring opacities of the cornea, as follows:—He made an incision above the upper edge of the cornea, and divided the external laminæ. He then fixed the edge of the opaque portion with fine forceps, and on raising it, this peeled off very easily, and the separation was completed by another incision round the lower edge. Mr. Wells saw the first patient upon whom M. Malgaigne had operated six months before, and the cornea was perfectly transparent.

You should realize to your mind that this application of practical surgery has reference to a portion of the eyeball, about the thickness of one's thumb nail, and to separate the component parts of which, even on the dead eye, demands exquisite manipulation.

Let us now enquire into the conditions essential to the success of scraping the cornea. It is necessary that that portion of it posterior to the operation, do retain its transparency, and that the repair of the injury inflicted by the instrument be effected by transparent material. I strongly suspect that the perfection of repair differs in the two instances of loss of structure from ulceration and from wounds, being by far more complete in the former. That a breach by ulceration, provided it be small, which will penetrate far into the laminæ,—may even go through them,—may under favorable conditions be filled by a material in no respect inferior in transparency to the original structure, while the removal of any of the laminæ by art, or the separation of them, must be attended with the greatest risk of opacity, and that in proportion to the extent of the wound. It is said that Malgaigne sought to convince himself of its practicability by removing laminæ from the cornea of animals, and obtained success that encouraged him to operate on man. The chance of inflammation of the cornea supervening on any of these operations, and so spoiling that which had been transparent, must be taken into the general account in deciding on the mechanical treatment of opacities. The dread of this was the reason of my proceeding cautiously and in so piecemeal a manner. I have nothing to regret from my caution. But slight action followed each application of the gouge, and the effect so caused passed off in two or three days. It is probable, judging from the results of the operation, that the instrument never penetrated beyond the anterior elastic lamina. The restoration of epithelium, always rapid in slight abrasions of the cornea, was quickly effected.

THERAPEUTICAL RECORD.

(British and Foreign Medico-Chirurgical Review.)

Spasmodic Asthma.—M. Trousseau observes, that although the *modus operandi* is difficult of explanation, he has relieved many patients during the paroxysm of asthma, by the old plan of burning in the room paper impregnated with nitre.

Collodion.—Two varieties are recommended by Clarus, the first for closing wounds, and the second especially for cutaneous eruptions, in which collodion is useful. *Collodion terebinthinatum:* a scruple of turpentine dissolved in ʒi. of collodion, forms a very tough and adhesive fluid. *Collodion ricinatum*: a scruple of castor oil and ʒi. of collodion forms a thin and soft solution well adapted for the skin.

Intermittent Fever.—Two years since M. Bartella brought forward his plans for the more economical treatment of ague, by administering equal parts of sulphate of quinine and tartaric acid. He now reinforces his former statements by new facts, having treated together 208 cases in this way, 196 of these being simple intermittent, and 12 pernicious fevers. Dr. Bastille, too, who has been pursuing the same experiments, states as his conclusions—1. That sulphate of quinine given with equal parts of tartaric acid is more active than the simple sulphate: 2. As a general rule, half the quantity of quinine, so combined, suffices; but in some descriptions of fever, as in the pernicious of Italy, larger doses are required.

Furunculus.—M. Nelatin observes, that the development of furunculus may be always arrested by keeping the part covered by a linen compress which has been dipped in concentrated alcohol. This must be accurately applied to the part, and care taken to keep it constantly moist, so that evaporation may be continually taking place from its surface.

Neuralgia.—Crasio recommends the endermic application of atropine; 1 grain dissolved in alcohol is mixed with ʒi. of lard and applied to a blistered surface. The belladonna soon produces its physiological effects, and sometimes these are intense. In all cases, however, the neuralgia disappears, or is much lessened.

Opthalmia: Granular Lids.—M. Hirson, who so strongly praises tannin as the most valuable astringent application in granular lids and other affections of the eye, recommends the following formula as insuring the equable diffusion and application of this substance, which, when not used in an impalpable state, may induce irritation:—Tannin 5 parts; distilled water 30; dissolve, and add 10 of gum Arabic, and strain.

Otalgia.—M. Delioux recommends in otalgia, and also in cases of tinnitus aurium, arising from excessive sensibility of the nerve, that the vapour of ether should be conducted into *the meatus by means of a small tube;* at the same time the hand is kept over the ear for five or six minutes. Absorption rapidly takes place, and a cure is sometimes at once produced. If necessary, the process may be repeated several times a day.

Incontinence of Urine.—In cases of involuntary micturition at night, Dr. Deiters praises extremely the effects of cubebs, given in tolerably large doses twice a day, for three to eight weeks. The same remedy is useful in nocturnal seminal emissions.

Creasote.—M. Arendt states that the great advantage he had derived from the use of creasote in asthma and bronchitis, induced him to employ it in various other affections, especially of mucous membranes. In *chronic varicose ophthalmia* he found from 1 to 3 drops of creasote to 1 ounce of water a valuable collyrium, dropped into the eye several times daily. *Cardialgia*, and especially the idiopathic form in women, was speedily amenable to creasote, 3 drops in sugared water relieving the severest pain, a repetition in two or three hours being rarely required. *Leucorrhœa*, whether vaginal or uterine, even when very obstinate, often yielded in a few days to a lotion of two drops to the ounce, thrown in two or three times a day. So also three or four injections usually suffice for the cure of *gleet*. In *menorrhagia* in non-pregnant women, and in some cases of hemorrhage prior to delivery, due to *placenta previa*, it has been found very useful. In some of these cases a more concentrated mixture is required, as 10 to 20 drops to the ounce.

PERISCOPE.

Male-shield-fern as a remedy for Tapeworm.—Dr. Robert Christison extols (Monthly Journal Medical Science, July, 1853), the oleo-resinous extract obtained by ether from the root of the male-shield-fern, as a more efficacious and less disagreeable anthelmintic for the expulsion of tænia, than either the kousso, the pomegranate or the turpentine. Upwards of twenty cases, have been communicated to him in which that remedy had been used, and in "every case without exception the worm was discharged after a single dose, and usually in one mass. In some, it was brought away without any laxative, and occasionally in that case with very little feculent discharge accompanying it. For the most part there was no pain or other uneasiness, either before or during its action. This was the case even in an instance in which the tendency to the disease had existed for no less than seventeen years, and in which the worm evacuated was the largest and strongest I have ever seen. Several patients, who had often previously used other anthelmintics, have noticed this absence of uneasiness during the action of the male-shield-fern, as something different from what they had experienced invariably before. It must be allowed, however, that several other individuals have complained of griping, sickness, or indescribable discomfort in the abdomen, and sometimes even of vomiting. But it admits of question, whether these occurrences depend on any direct action of the remedy on the human body, or upon the disturbed condition of the worm under the poisonous operation of the remedy on it. In fact, we have yet to learn that the male-shield-fern exerts any action on the human stomach or intestines, in the course of its deadly action on the parasitical inhabitants of them."

Dr. C. recommends twenty-four grains for a dose.—*Amer. Jour. of the Med. Sciences.*

On the internal uses of Chloroform.—By Henry Hartshorne, M.D., of Philadelphia. Since 1848, when some account was given in this jour-

nal of experiments with chloroform, internally administered, it has been variously and extensively used by practitioners in different parts of the world. It is now generally recognised as being, when so used, a narcotic of the mildest and yet most powerful character, and as possessing in its pungency, also, a quality which recommends it in some cases above other anodynes.

The object of this article is chiefly to make some remarks upon its dose and mode of administration. Many practitioners within the writer's knowledge hesitate, from their recollection of its power as an anæsthetic to give it in doses of more than a few drops; and as the drop is exceedingly small, such doses are really often insignificant. The writer can assert, from positive experience, that a fluidrachm of chloroform, taken by the stomach, is not more than equal, in soporific effects, to 30 or 35 drops of laudanum. In doses of 50 to 75 drops (about 15 minims), I have given it every half hour for several hours together. It differs from the opiate preparations in the promptness of its hypnotic action, the much shorter period of its duration, a less degree of cerebral oppression, and the absence of all stimulus to the circulation. It might be called a 'diffusible narcotic,' comparing in this respect with opium as ammonia does with alcohol. To produce much effect with it, repeated doses, at short intervals, will be necessary.

The pungent property, already alluded to, causes it to require plentiful dilution, which is, of course, facilitated by the addition of some demulcent. Perhaps the orgeat syrup is the best. Every fluidrachm of chloroform should have at least two fluid ounces of water with it when taken; and it will need, if in ordinary gum mucilage, considerable agitation to resuspend the particles immediately before swallowing. When taken in aqueous mixture alone, however, unless in very small doses, it produces nausea with some persons. This is entirely prevented by the addition of a strong aromatic, or, still better, by giving the chloroform in aromatic tincture. From the ready solution and kindred action of camphor with chloroform, their combination has become a very common one. For many purposes, however, a still better preparation is a sort of chloroform paregoric, or tincture of chloroform, *e. g.*; ℞ Chloroform ʒij; sp. camph. et tinct. opii, aa ʒiss; Ol. cinnamom. gtt. viij; alcohol ʒiij. M. et fiat tinctura. Dose from 5 to 30 minims, or more, as required.

The most admirable effects have been witnessed from the administration of chloroform, as above combined, in malignant cholera. In the summer of 1849, my attention was first called to it while attending a very severe case of cholera with the late Prof. W. E. Horner. The prompt and signal restoration accomplished in that case, from a state of collapse, was evidently due to the exhibition by Prof. Horner, every five minutes, of a few drops of a combination of chloroform, oil of camphor, and laudanum, with ice, and warm frictions, externally. The writer's conviction was very strong that the short interval between the doses was an important item in the treatment.—Ibid.

On the external application of Belladonna in Delirium Tremens. By James Grieve, M.D., Consulting Physician to the Crichton Institution, Physician to the Dumfries and Galloway Royal Infirmary.—I believe it accords with the experience of every one conversant with the manage-

ment of this peculiarly interesting malady that, during the second or developed stage, so graphically described by Dr. Blake, the pupil is always more or less contracted. It occurred to me, while reflecting upon this fact, that by dilating the pupil we might so influence the disturbed visual sense as to dispel, or at least modify, those "false creations proceeding from a heat oppressed brain" which characterize this disease, and thus conduce to the comfort and tranquillity of the distressed patient. I resolved therefore to avail myself of the first opportunity to test the reality of this idea.

On the 25th of March last I was called to attend D. W., æt. 49, a man naturally of a robust constitution, but who, of late years, had been much given to intemperance. On inquiry I found that he had been more or less intoxicated for the last three weeks, that he had slept none for several nights in succession, and that the present was his fourth attack of delirium tremens. I found him suffering under great nervous excitement and commotion; labouring under all sorts of optical delusions, fancying that lizards, centipedes, and other entomological horrors were crawling in and around his bed, from which he was convulsively making vain efforts to dislodge them. His pulse was upwards of 120, soft and compressible; his whole body was bedewed with a cold clammy perspiration, and the pupils of both eyes were much contracted. Having obtained some ext. belladonna I rubbed a little on the eyelids, and remained by his bedside to mark the result. My expectations were soon more than realised, for no sooner was the physiological effect of the drug manifest in the dilated state of the pupils than the spectral illusions gradually became less and less distinct, the nervous tremors and excitement began to subside, and he soon became comparatively quiescent and tranquil. Soon after this I had the satisfaction to see him fall into the much coveted sleep. Thus I left him; and on revisiting him in a few hours I found that he had slept for two hours; his pupils were then still much dilated; his pulse was below 100, firmer, fuller, and of better character; and altogether his condition, mental and corporeal, was much ameliorated. On interrogating him about his recent hallucinations, he replied. "They were all stuff and nonsense; I see no more of them."

From data so limited it is neither legitimate nor safe to draw any conclusions as to the actions of a remedy, still I cannot help thinking that the belladonna has probably some specific effect in soothing the cerebral irritation, and inducing a quiescent condition of the nervous system. If further experience confirm the accuracy of the above observations, belladonna may yet prove the best hypnotic, not only in delirium tremens, but also in all those diseases of the cerebro-spinal system in which the primary object is to tranquilize and obtain sleep.—*Monthly Jour. of Med. Science.*

Hot Water and Soap in Ptyalism.—A great variety of remedies have, from time to time, been employed in the treatment of ptyalism, every practitioner having his own favorite remedy. Tar water, solution of creosote, lead water, sumach root tea, sage tea and honey, alum, spts. turpentine, &c., have each acquired more or less reputation in the hands of different practitioners; but we have never been satisfied with any of

these remedies, though we have repeatedly prescribed them. Very recently, having to treat a very severe case of accidental ptyalism, we prescribed a *hot* solution of soap. The patient was suffering with severe pain of the gums and copious salivary discharge—a few drachms of spirits of soap were added to one pint of *hot* water, and the patient directed to take it into the mouth, as hot as he could bear, and retain it until the surplus heat was exhausted, and repeat for an hour, allowing an interval of half an hour for rest. At the end of twelve hours, we had the gratification to find the patient almost entirely relieved of the pain—the swelling and redness of the gums and soft parts about the mouth rapidly diminished, and in a few days, by the persevering use of the hot water, the patient was free from all uneasiness about the mouth.

The first effect of hot water in mercurial sore mouth seems to be relief from the painful distension of the soft parts; and secondly, an anemic condition of the blood vessels from contraction or collapse of the capillaries. The stronger preparations of soap are powerfully astringent—the kind used in preparing the spts. sapo. was the Castile; it may be that turpentine soap is preferable.—*Southern Jour. of Med. and Phys. Science.*

Mammary Abscess, treated with Iodide of Potassium. By J. Y. Carithers, of Hendricksville, Ala.—Mrs. S., on the fifth day after being delivered of her second child, complained of pain in her left breast, which suppurated, in despite of the efforts made to prevent it. The abscess was opened and a large quantity of pus discharged; but this gave relief only for a short time, after which other portions of the gland became indurated and proceeded to suppuration, requiring to be punctured. The usual antiphlogistic treatment was tried with only partial relief, when the following treatment was adopted:—Three grains of iodide of potassium to be taken in solution morning and night, and to use as a local application the ung. iodini; her diet to consist of nothing but rice. In a few days relief was evident. This treatment was continued for twenty days, when all signs of soreness disappeared. The lady is now suckling her child with no inconvenience, four months having elapsed since the accident.—*Southern Med. and Surg. Jour.*

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

CHOLERA—NECESSITY FOR A CENTRAL BOARD OF HEALTH.

Since the last epidemic visitation of cholera, cases have occurred sporadically during the summer months in our large cities. The undetectable cause of this dread disease, whatever it may be, appears to have lurked in certain localities, bursting forth under favoring circumstance s

and exhibiting its innate and undiminished malignancy by prostrating its victims in a few brief hours. These localities have always been distinguished for their defective sanitary condition; they are the favorite haunts of typhus, dysentery and diarrhœa; and the inhabitants, as a general rule, are noted for uncleanly and dissipated habits. We have heard physicians express the opinion that, judging from its annual reappearance, Asiatic Cholera was becoming a local disease; and that, in all probability, it would diminish in fatality, and never again pass through the Province, carrying death and sorrow in its train. Similar opinions prevailed to some extent in Great Britain, but recent events have exhibited their utter groundlessness. An epidemic of cholera has, during the last year, been passing with slow but certain steps through the Eastern part of Europe. Russia, Poland, Denmark, Sweden, Prussia and England have been successively visited. From east to west, as heretofore, it has undeviatingly pursued its course. The shores of America will be invaded next spring, if it be true to its antecedents. Now this epidemic differs in no respect from previous ones. It is equally as fatal, the mortality amounting to fully 60 in every 100 seized; it is quite as uncontrollable by all forms of treatment as yet adopted, and it exhibits the same predilections for filthy, ill-drained places—filthy, ill-venti'ated, over-crowded houses, and poor, miserable beings, with the vital powers below par.

If all the investigations into the nature and causes of cholera have been entirely barren of results, the observation of its progress and development, and the study of its history have made us acquainted with some important facts. In the first place, we have learned that *cholera can be arrested*. It is now admitted that the vast majority of cases of cholera begin with simple diarrhœa. When seen in this stage, and proper remedies administered to check the inordinate dejections, the chances are that the disease will not proceed to the stage of collapse. Secondly, That when it has advanced to the stage of collapse, the probabilities are that it will eventuate in the death of the patient. Thirdly, That hygienic regulations strictly enforced among communities, have a great influence in limiting the extent of its ravages. With a knowledge of these facts, and in the almost certain prospect of a speedy visit from this dreadful scourge, a fearful responsibility rests on our Provincial Government. Inaction, under these circumstances, becomes criminal. It is no time when the disease is in our midst, committing havoc in our families, to adopt measures to keep it out. The time of panic and confusion is not the time for well-directed and effective action. Besides, the duration of the epidemic is so short, measures adopted to diminish its virulence, on its first appearance, are scarcely brought to completion, ere the disease has expended itself. We are left to mourn our dead with the anything but consoling reflection that, had the same amount been expended and the

same steps taken at an earlier period, *before* the disease manifested its presence, many valuable lives would have been saved.

A Central Board of Health, with power to appoint local boards throughout the Province, should at once be established. A rigorous investigation of all the cities and towns, more particularly their suburbs, should be instituted under the direction of this board. At this season of the year, masses of animal and vegetable matter in a congealed state, admitting of easy removal, are to be seen in the yards and enclosures of the various suburbs of our cities. If left to the summer, the putrefactive process sets in, giving rise to gaseous emanations which are exceedingly deleterious to the health of all within their influence. An effective system of drainage, for the purpose of removing stagnant pools of water, should be put into operation early in the spring. People should be obliged to thoroughly cleanse and whitewash their habitations. All public drains and sewers should be cleansed, and care taken that they have free vent. A plentiful supply of fresh, pure water should be afforded to the poorer portion of the population. And lastly, preparations ought to be made for a medical house-to-house visitation. Of all the means adopted in Great Britain to check the progress of the epidemic, "visitation" has been the most efficient.

We hope to see this matter taken up immediately by those in authority, for should cholera visit us in our present unprepared condition, a great mortality would inevitably be the consequence—a mortality, moreover, which we firmly believe may, by the timely adoption of the measures adverted to, be materially lessened.

RECENT PATHIES.

Shroot, a German, not long since set up an establishment near Graeffenburg, in opposition to Preissnitz, wherein all diseases are to be cured solely by wine and good diet. His wonderful successes have established a new system of medicine to which the name of *Oinopathy* has been given. Another pathy, as yet too embryonic for a distinctive prefix, is also receiving countenance and support in France. It owes its origin to a Prussian groom, who, wearied with cleaning the King's horses, saw in medicine a more honorable and lucrative trade, and henceforth resolved to be a blessing to the sick. His plan is to bleed—to make pills of the drawn blood, and administer them, *ubi opus sit*. *Metallopathy*, or the application of metals in the treatment of disease, upon the theory of a peculiar relevancy or specific adaptation, is receiving considerable attention. The experimenters find the results highly interesting, and full recompense for the time and labor bestowed on their attainment. A Swedish gymnast, Ling, advances *Kinesipathy* as the summum remedium,

and the advantages of energetic muscular exertions over other restorative measures, have found advocates in almost all languages. A Dr. Mayer suggests a more passive course of exercise—*Massopathy*, which he predicts will "soon become a serious art," and make those who follow it rich and esteemed.

The effulgence of these new lights is to be regretted, lest the old familiars, Dypsopathy, Homœopathy, Hydropathy, Electropathy, &c. &c., should be obscured. All, however, we believe, are destined to fade away, and in the transformations of decay, assume, by joint amalgamation, the shape of *Coffinpathy*, which, without disguise or mummery, openly repudiates medical pnilosophy and the experience of centuries.

Civic Honors.—We are glad to perceive that the highly intelligent citizens of the wealthy municipality of Boston do not consider the profession of medicine as one which unfits a man for occupying a high civic position. In the election of Dr. J. V. C. Smith, the learned and travelled Editor of the Boston Medical and Surgical Journal, to the Mayoralty, they have manifested their appreciation of learning and talent in a way which does them honor.

By the way, we notice in the daily papers, a numerously signed requisition to Dr. Wolfred Nelson, to allow himself to be named as a candidate for the Mayoralty of this city. As the Doctor has returned an affirmative answer to the requisitionists, it is very probable that Montreal may select her next civic chief from the ranks of the medical profession.

Mortality in the Marine and Emigrant Hospital, Quebec.—Many of our readers will remember, that in our August number, in noticing the report of the Commissioners appointed to enquire into the management of the Marine and Emigrant Hospital, we drew their attention to the great mortality which the records of the hospital exhibited—double that of similar institutions in the Province. At our request, Dr. Lemieux has kindly furnished us with monthly returns, showing the number of persons admitted into the Hospital, &c., and we are happy to perceive that the average number of deaths is now *less* than usually obtains in the practice of kindred institutions.—During the last six months, from the 3rd July to the 31st December, 1853, inclusive, there were admitted, of men, 549; women, 134; Children, 28—in all 711. Out of this number 38 died; or, on an average, 1 to 18.7 admitted. This is a striking improvement on 1 to 5.57, the statement made in the report of the Commissioners, and we congratulate our *confreres* on the fact.

ADDITIONAL EXCHANGES.

The American Medical Monthly. "Non progredi est regredi." Conducted by Horace Green, M.D., LL.D.; E. H. Davis, M.D.; B. Fordyce Barker, M.D.; R. O. Doremus, M.D.; J. M. Carnochan, M.D.; E. R. Peaslee, M.D.; E. H. Parker, M.D.—Edward H. Parker, M.D., Editor. Vol. 1, No. 1. Pp. 80. New York: George P. Putnam & Co. If rapid multiplication of journals be an evidence of progress, then our professional brethren in the neighboring Republic exhibit an activity which is highly commendable. Among the many excellent periodicals, devoted to the interests of the medical profession, now existent in the United States, the American Medical Monthly will, we are confident, take a high position. The conductors are gentlemen possessing more than a local reputation, and Dr. Parker is not unused to editorial duties, having, for three years, edited with ability the New Hampshire Journal of Medicine.

The paper on which the Journal is printed is excellent, and the typographical execution is in the highest degree creditable to the publishers, Messrs. Putnam & Co.

The American Journal of the Medical Sciences.—Edited by Isaac Hays, M.D.

Worcester Journal of Medicine. Edited by Frank H. Kelly, M.D.

HOSPITAL REPORTS.

RETURN of Sick in the Marine and Emigrant Hospital, Quebec, from the 4th December to the 31st December, 1853, inclusive.

	Men.	Women.	Children.	Total.
Remained,	27	21	3	51
Since admitted,	37	13	0	50
	64	34	3	101
Discharged,	19	13	1	33
Died,	1	1	1	3
Remaining,	44	20	1	65
	64	34	3	101

Fever,	13	Fractures,	2	Menorrhagia,	1
Inflam. of Lungs,	5	Dislocations,	1	Pregnancy,	2
Inflam. of Bowels,	2	Abscess,	2	Hypochondriasis,	1
Rheumatism,	2	Ulcers,	2	Erysipelas,	1
Syphilis,	4	Febricula,	8		

C. E. LEMIEUX, House Surgeon.

Report of St. Patrick's Hospital, from 10th August, 1852, to the 9th December, 1853.

Total number admitted—Males, 477; Females, 453; Total, 930.
Died—Males, 30; Females, 24; Total, 54.

Com. Cont. Fever,	122	Measles	4	Synovitis	6
Typhus Fever	13	Small Pox	6	Ulcers	33
Intermittent Fever	2	Chicken Pox	4	Cancer of Breast	3
Acute Rheumatism,	18	Diabetes	2	Cancer of Lips	1
Chronic do	23	Menorrhagia	1	Cancer of Tongue	1
Acute Bronchitis	27	Amenorrhœa	5	Caries of Bones of Nose	1
Chronic do	14	Chlorosis	4	Caries of Metacarpal bones	4
Phthisis	34	Erysipelas	9	Caries of Foot	1
Diarrhœa	14	Hypochondriasis	1	Deformity of Face	1
Dysentery	8	Hysterical Mania	1	Deformity of Lip	1
Pneumonia	13	Cynanche Tonsillaris	14	Mammary Abscess	4
Pleurisy	11	Chronic Laryngitis	4	Lumbar Abscess	2
Chronic do	2	Lumbago	8	Abscess of Abdomen	1
Pleuro-pneumonia	2	Pleurodynia	2	Abscess of Thigh	1
Acute Hepatitis	2	Hooping Cough	2	Abscess of Tibia	1
Chronic do	1	Delirium Tremens	6	Abscess of Scalp	2
Jaundice	7	Encephaloid	1	Spinal Disease	3
Chronic Peritonitis	2	Scabies	3	Hip Disease	3
Chronic Gastritis	2	Herpes	1	Frost Bite	6
Puerperal Fever	1	Psoriasis	1	Injury of Shoulder	1
Dropsy	8	Tinea Capitis	13	Injury of Arm	4
Anasarca	5	Lepra	1	Injury of Hand	3
Prolapsus Ani	2	Eczema	2	Injury of Forearm & hand	2
Do Uteri	5	Rupia	2	Tumor of Hand	1
Sympathetic Bubo	1	Purpura Hæmorrhagica	3	Wound of Leg	3
Nasal Polypus	1	Sycosis Menti	2	Fibrous Tumor of Leg	1
Neuralgia	5	Hypertrophy	1	Gunshot Wound of Head	1
Paralysis	4	Enlarged Tonsils	1	Injury from Gunpowder	1
Scrofula	6	Hydrocele	2	Contusions	5
Cholera	3	Worms	3	Concussion of Brain	4
Miscarriage	1	Uterine Disease	3	Burns	3
Epilepsy	2	Varicose Veins	2	Contraction of Elbow Joint	2
Urinary Disease	2	Paronychia	10	Sprain of Ankle Joint	5
Retention of Urine	2	Furunculus	4	Fracture of Clavicle	4
Constipation	6	Gonorrhœa	1	Fracture of Ribs	4
Dyspepsia	6	Disease of Prostrate Gland	1	Frac of Head of Humerus	1
Morbus Cordis	2	Influenza	5	Fracture of Radius	3
Facial Paralysis	10	Emphysema	1	Do of Radius and Ulna	4
Hæmoptysis	10	Syphilis	4	Fracture of Femur	3
Hæmatemesis	4	Secondary Syphilis	2	Fracture of Patella	1
Asthma	5	Periostitis	4	Frac of Tibia & Fibula	4
Hysteria	2	Bursitis	3	United Fractures	2

R. L. MacDonnell, M.D.
A. H. David, M.D.

Ophthalmic and Aural Wards.

Granular Lids	40	Inflammation of Cornea	12	Ophthalmitis	22
Symblepharon	2	Ulcers of do	17	Synchesis	3
Trichiasis	6	Wounds of do	3	Cataract	32
Ophthalmia Tarsi	3	Nebula of do	4	Simple Tumor of Eyeball	1
Cancer	1	Leucoma of do	5	Malignant do	1
Fistula Lachrymalis	6	Staphyloma of do	3	Deaf. from Inflammation & Suppur. of Middle Ear	8
Simple Ophthalmia	5	Sclerotitis	6	Thickening of Membrana Tympani	2
Purulent Ophthalmia	16	Iritis	11		
Phlyctenular (or Strumous) Ophthalmia	6	Choroiditis	2		
		Retinitis	17		

Operations Performed.—Cataract, 46; Artificial Pupil, 8; Staphyloma, 8; Excision of Eyeball, 2; Extirpating Tumor from Eye, 2; Removal of Cancer, 1; Fistula Lachrymalis, 6; Trichiasis, 6; Symblepharon, 2; Foreign body removed from Iris, 1; Paracentesis occuli, 6; Cutting down to mastoid process, 4; Cutting into mastoid cells, 1; Total, 88.

HENRY HOWARD, M.D., M.R.C.S.L.

CORRESPONDENCE.

Observations on the Case of Retention of the Menses reported in the last number.

To the Editors of the MEDICAL CHRONICLE.

GENTLEMEN,—I believe few, if any, well qualified physicians, can have read the history of a case of retention of the menses in your last number without feeling with myself there was mismanagement evinced in the treatment of the case, and I cannot, as one of your readers, allow such a one to be published without at once taking exception to both the treatment and remarks on it.

I would merely state that in my opinion no physician can be justified under any circumstances in allowing a case of this nature to proceed to the eight month, or nearly so far, without fully satisfying himself and the patient's friends as to the cause of the suppression, for the following more weighty reasons (though numerous lesser ones might be mentioned):—In the first place, of course the practitioner must be acting perfectly in the dark, and consequently quite empirically. Next, the patient's life may be endangered from his neglect, as appears to have been the case in the present instance. And last, though by no means least, in my estimation is the fact, that a virtuous woman may be subject to the taunts and remarks of all who see her, and, as in the present case, even incur a father's malediction from no other fault or misfortune than the selection of a physician. And even after the case may have resulted as the present appears to have done, perfectly satisfactorily to the medical attendant and parents of the young lady, I know enough of human nature to be well aware very unpleasant rumours may still be circulated by malicious persons well calculated to embitter the future of the unfortunate patient.

Next, with respect to the remarks submitted on the case, I acknowledge I never heretofore read any of those quoted, and therefore am not prepared to dispute any but the paragraph on Lady Flora Hastings' case, which is simply untrue from beginning to end. This I can vouch for from the fact of my being at the time a pupil under, and intimate friend of one of Her Majesty's medical attendants at Windsor, from whom, as well as from other reliable sources, I learnt the whole history, it was

briefly as follows:—Lady Flora was maid of honor to H. R. H. the Duchess of Kent (not to Her Majesty), and after being absent on a visit to her friends returned to court, certainly evincing some signs of pregnancy, which, though not very manifest at the time, were observed by Sir James Clark, merely as an observer, without examination, on which he advised Her Majesty to dispense with Lady Flora's attendance at court.

She accordingly received an intimation to this effect, together with the cause of it. The lady knowing of course the injustice of the dismissal, at once put herself under the protection of her brother, the Marquis of Hastings, who insisted on seeing Her Majesty, and demanding an examination by eminent medical men. This was immediately accorded and an unanimous opinion at once expressed that the case was one of ovarian dropsy, from which disease she eventually died, though not till long after her character had been fully vindicated, as I myself saw her repeatedly afterwards riding and walking in public with Her Majesty, who, with her accustomed justice and kindness, appeared to take every means of publicly vindicating the character of the aspersed lady. As I said before I know nothing of the other cases referred to, but this one of Lady Flora's would certainly tend to confirm my remarks rather than Dr. Peltier's treatment, as had the case been allowed to proceed without an examination, very much more unpleasant results would inevitably have followed.

I am, Gentlemen, &c.,

Hatley, E. T. F. D. Gilbert, M.R.C.S.L.

[The above arrived too late for insertion in the first form, we nevertheless publish it here, and in doing so feel that it is but justice to our friend Dr. Peltier to observe that it is not at all uncommon for the circumstantial part of a case to be variously rumored, as seems to have been so with Lady Flora Hastings, while the substance is retailed unchanged; and that, with regard to the treatment of the case, we have sufficient confidence in his skill and judgment to believe that when he discovered the time for interference he would not let it pass without putting into practice the means indicated. In reply to the few remarks of Dr. G. that have been omitted, as being of a private nature, we have only to say, that Editors are too courteous and consistent to asperse such productions of their contributors as they deem worthy of publication. Nor do they hold themselves accountable for the practises and views of any other individuals than themselves. In answer to Dr. G.'s last inquiry they assure him that the facts published are credible, and that the parties concerned are or have been of the School of Medicine of this city, as the daily papers have openly stated.—Eds. Med. Chr.]

Books received for Review.—Lawrence on the Eye. A new edition. by Isaac Hays, M.D. 1854.—Bennet on the Uterus. Fourth American from the third and revised London edition. 1854.—Fownes' Chemistry for Students. A new American from the last and revised London edition. From Messrs. Blanchard & Lea, Philadelphia.—Corson on Functional and Sympathetic Affections of the Heart. From the Author.—The Medical Application of Electro-Magnetism. By Samuel B. Smith.

MEDICAL NEWS.

Mr. Walker, Secretary of State of Massachusetts, has prepared a table of the vocations as well as the ages of several thousand persons who died between 1823 and 1850, showing the following results: average age at death of farmers 63.8; professional men 57.5; merchants 51; carpenters 49.2; laborers 45.3; shoemakers 43.—Dr. Haldane has been appointed pathologist to the Royal Infirmary of Edinburgh.—M. Jacobi has invented an apparatus for employing electricity in attacking whales. By means of it, several successive shocks can be given to the huge leviathan, with the effect, it is assumed, of rendering him powerless.—M. Louis, the distinguished author of "Researches on Phthisis," &c., &c., has resigned the physicianship of the Hotel Dieu, on account of the delicate health of his only son, whose case he himself will anxiously take charge of during his residence at Pau.—Drs. Kerrieue and Pellarin have proposed that all the patients who enter the French Hospitals should be vaccinnated.—If any one should sneeze in company in North Germany, those present will say, "your good health". in Vienna, gentlemen in a *cafe* will take off their hats, and say, "God be with you"; and in Ireland, a native will say, "God bless your honor," or, "long life to your honor." In Italy and Spain similar expressions are used, and in Bengal the natives make a "salam" on these occasions. All this is owing to a popular idea of sneezing having some connection with Satanic agency.—Prof. George Hadley, of Buffalo Medical College, has accepted the appointment of Professor of Chemistry and Natural History in Castleton Medical College.—A Hydropathic School has been organized in New York. Water, of course, is taught to be the invariable remedy of every disease.—An apothecary's boy was lately sent to leave at one house a box of pills, and at another six live fowls. Confused on the way, he left the pills where the fowls should have gone, and the fowls at the pills place. The folks who received the fowl were astonished at reading the following directions: "Swallow one every two hours."—Dr. Marshall Hall has been performing vivisections on young alligators, at Charleston, S.C.—Dr. Walker, of Portland, took from the face of Mr. Gilmour, near the right eye, a porcupine's quill about two inches long. Last winter Mr. G. killed a porcupine, and in eating some of the flesh got the quill into his throat, from whence it gradually worked its way to his eye, causing him considerable inconvenience in its peregrinations.—For twelve months or more St. Louis has been blessed with extraordinary health. The deaths for the last week were only 28, in a population of about 100,000, continually recruited by Europeans.—Stockton is reported as being very unhealthy. One hundred and forty cases of chill and fever were reported in one day. This disease, says the Journal, seems to be epidemic, as almost every citizen has had more or less of it. Every countenance, almost, wears a cadaverous look, and every inquiry produces but one unwilling answer, "the shakes."—Dr. Daniell, of Grosvenor Street, London, has been for some time in a very precarious state of health, thruogh attendance on fever from sewerage effluvia, connected with choleraic symptoms.—A committee is in the course of formation in France to promote the erection of a statue to the distinguished *savant*, the late M. Arago.—During the month of November, 1141 deaths from cholera occurred on board of emigrant ships bound from Europe to New York, and between four and five thousand were afflicted with it during the passage.—Dr. R. J. Breckenridge has been elected to the chair of materia medica, in the Kentucky School of Medicine, at Louisville, in place of Dr. E. D. Force, resigned.—Dr. Socrates Maupin has been elected Professor of Chemistry in the University of Virginia, to fill the vacancy caused by the recent resignation of Dr. J. Lawrence Smith.—Drs. Willard Parker and W. H. Van Buren have resigned their respective situations as surgeons to Bellevue Hospital, New York, and Drs. Lewis A. Sayre and John J. Crane have been duly appointed to the vacancies thus created.

THE

MEDICAL CHRONICLE.

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ORIGINAL COMMUNICATIONS.

ART. XXXIII.—*Contribution to Clinical Medicine. Case of complete Suppression of Urine for Eleven Days.* By J. Crawford, M.D., Professor of Clinical Medicine, McGill College.

Suppression of the secretion of urine, described under the various terms of ischuria renalis, paruria inops, anuria, &c. &c., is an affection of somewhat rare occurrence, and is generally fatal in a very few days, which event, in the experience of Sir Henry Halford, takes place in about four or five days, the general limit being from two to six days, but death has occurred within 24 hours; while there are cases on record of life being prolonged for weeks, or even years; nay, it has been stated that a man lived 77 *years without having made any urine!!* There, however, is a good deal of uncertainty as to the correctness of many of these statements, and the general opinion is, that cases of total suppression of urine are usually fatal in a few days; the injurious effects (as is supposed) of the retained urea, or the azote, on the brain, being indicated by drowsiness and fatal coma. In the majority of cases, there is a manifest effort of nature to relieve herself by a profuse vicarious, urinous smelling perspiration, or by watery discharge from the bowels and stomach. The quantity of urine in health or disease is, of course, very various, according to many influencing circumstances. We thus readily understand the cause of anuria in cholera, and cases occur where only a small quantity is discharged, which may eventually terminate favorably, but where *the suppression is complete* the disease generally terminates fatally by coma in a few days.

The most frequent cause of anuria is nephritis, and some have attributed it to the granular degeneration of the kidney; but Dr. Bright says it is a rare consequence of this morbid condition. The symptoms are usually so obscure, or slight, that the disease may have existed a long time before the patient's attention is sufficiently roused, to induce him to apply for advice; and he may overlook the gradual diminution

in the quantity of urine, till actual suppression takes place, and even then may feel little uneasiness from the trifling inconvenience he suffers, and be surprised at the well-founded alarm of his physician. There are some peculiarities in the following case, which may make it interesting. Its unusually long duration of eleven days of complete anuria, the absence of coma, or any indication of cerebral lesion, of any urinous smell from the body, or vicarious discharge unless from the stomach, and it will contrast also with Sir H. Halford's cases, which he remarks were all "fat, corpulent men," between 50 and 60.

Mrs. H., ætat. 66, a healthy looking (although spare, thin) woman, of active and very temperate habits, whose occupation was in keeping a stall in the market-place, where (although having the shelter of a cover) she was much exposed to cold. She applied to me in the end of September, 1852, on account of a pain of her left hip and thigh, which she had been complaining of for a short time, but which did not interfere with her ordinary occupations, and was supposed to be rheumatism; for which a liniment containing croton oil was prescribed, and a few doses of calomel and opium exhibited at night to be followed in the morning by a saline aperient. The pain persisting, a blister was ordered to be applied to the hip, which removed it. Her mouth became slightly affected by the mercury; on the third day she complained of a colic pain, for which she took an anodyne. On the fifth day she sent for me to see her, as she had not made any urine for two days previously. She said she had passed a small quantity of blood per urethram. She stated that for some time previous to her present illness, her urine had been scanty, but clear, and free from sediment of any kind. About a year ago she had passed a large quantity of blood, mingled with her urine, and at different times smaller quantities. Her urine, however, although scanty, was never before suppressed. She had occasionally pains about the ilium, loins, groin, and down the thigh, but did not pay much attention to them. At the time I saw her, she complained that she felt those pains slightly, and only occasionally. She could bear pressure well over the pubic region, kidneys, or abdomen. She had no desire to make water. Pulse 80, very small; countenance natural; no headache, drowsiness, thirst, nor febrile symptom, nor indeed any indication of ill health, except the absence of the urinary secretion, and occasionally that the stomach was irritable. She vomited her drinks, some time after taking them, but had no nausea nor pain of the epigastrium. She was ordered a tepid bath, and a diuretic mixture, with nitrate and supertartrate of potass in solution for her ordinary drink. Her medicines and drinks were seldom retained in the stomach longer than an hour or two; a sinapism was applied to the epigastrium, with occasional enemata, and repetition of the hip baths. She slept lightly, and for short periods, at

night, and did not appear to suffer any inconvenience, except from the vomiting, which was neither severe nor distressing, and from an indefineable sensation in the abdomen. The catheter being introduced into the bladder, about a drachm of dark fluid blood was forcibly expelled through the instrument, but no urine was found in the organ. A mixture with creosote was ordered to quiet the stomach, which, like everything else, was retained only for an hour or two. Although she had no desire for drink, she relished a little wine and water. A blister was placed over the lumbar region, and enemata containing two ounces of spiritus terebinthinæ were repeated, with only the effect of moving the bowels. She continued much in the same state during 10 days, sleeping lightly at night, and perfectly free from any cerebral affection or drowsiness. In the afternoon of the eleventh day, she became restless, but could not explain the cause, refused the wine and water, as she had for some time her medicine, calmly saw her end approaching, and died on the evening of the eleventh day of the anuria, her mind being perfectly clear throughout.

Sectio Cadaveris.—A hasty examination of the body was made, to secure, if possible, the kidneys; but the fear of disturbing the body (already dressed up), prevented a minute inspection of the ureters or bladder, as the friends did not incline to it. The left kidney, on being removed, was found very large, at least one half larger than in health. The peritoneal covering had been in part torn off, from the friable, loose cortical structure in the removal, and the structure of the gland, exhibited a striking resemblance to that of the spleen, dark red, loose and flabby. On its upper extremity, two large round cysts, capable of holding an almond, were situated, filled with transparent lymph, resembled the eyes of an animal, and the mass on the whole had the appearance of a lusus naturæ rather than a kidney. On being cut open, the membranous portion was found dilated and stretched, the infundibulum much enlarged; the gland measured upwards of six inches in length, the cortical part being much hypertrophied and loose. The right kidney was not much more than half the size of the left. Upon its surface there were five or six cysts, varying in size from that of a pin's head to that of a cherry stone. The cortical substance was atrophied, of a yellow and reddish color. The infundibulum and calices much dilated. There did not appear to be any morbid deposit, or granular alteration in either of the kidneys.

In all probability the function of the right kidney ceased, or was considerably interrupted since the former attack of hæmaturia, a year previously, as it is difficult otherwise to account for the sudden and total suppression of the secretion.

ART. XXXIV.—*Observations on Anchylosis.* By William Hales Hingston, M.D., L.R.C.S.E., Member of the German Society of Naturalists and Physicians, &c.

In the September number of the Chronicle, when speaking, under the head "Medical Institutions of Berlin," of the Clinique in Ziegel Strasse, I alluded, *en passant*, to Langenbeck's heroic method of treating anchylosis generally. As the article in that number had already occupied more room than originally intended, or was consistent either with the comfort of its readers, or the intentions of its conductors, I merely mentioned the peculiarity of treatment, with the intention of returning to the subject on another occasion.

It has often been to me a matter of surprise, that a mode of treatment so effectual, and at the same time so safe, should be almost exclusively confined to the city in which it was first practised. During a residence in Berlin of nearly five months, I had an opportunity of witnessing the operation repeatedly, and the result was invariably favorable. On visiting the land of experimental surgery—France—I was informed by those on whose authority I could rely, that after Louvrier's miserable failures, the boldest surgeon would not feel warranted in interfering with an anchylosed limb.

I have not seen any similar treatment in British hospitals; and if the opinion of some of the teachers of surgery in the *Haupt Stadt* of things medical, Edinburgh, be taken as an index, the practice is unknown in Britain. I may, therefore, reasonably conclude, that interference with an anchylosed joint is not practised on this part of the continent, where surgeons and physicians seek for precedents, and wisely, too, in the annals of British medical literature. This, I trust, will be a sufficient excuse for the remarks that I may offer.

Anchylosis, in the words of Cooper, denotes an intimate union of two bones, which were naturally connected by a natural kind of joint. It is divided into *true* and *false*, according as the motion is totally or partially lost. "In the *true*, the bones grow together so completely, that not the smallest degree of motion can take place, and the case is positively incurable."* "Where the joint is perfectly immoveable, little can be done for the patient."† "In all cases anchylosis should be most warily interfered with; for it may be regarded as a compromise between health and disease; an imperfect cure, yet both a saving of the part, and a cessation of morbid action, the rash infringement of which is most likely to be visited by untoward consequences."‡ "No attempt should ever be made to *cure*, although every possible attempt should often be made to *prevent* a true anchylosis."§ "The exertion to prevent is not always proper, for

* Cooper. † Hooper. ‡ Miller. § Cooper.

many diseases of joints may be said to terminate when anchylosis occurs."* "The true form is not to be broken up either by gentle or violent means."†

Such opinions I might cite almost *ad libitum*, but sufficient has been said to show the estimation in which surgical interference is held.

For the relief of complete anchyloses, three modes have been proposed —1st, By cutting out a wedge-shaped piece of bone; 2nd, the establishment of a false joint, by laying bare the bone, sawing it in such a way as to interrupt its continuity; 3rd, the violent and sudden rupture of the anchylosis.

The first proposed by J. Rea Barton, Surgeon to the Pennsylvania Hospital, has been practised by him with success, also by Gibson of Philadelphia, but has not become general. The second is advocated by Velpeau. It was first performed by Barton, and afterwards by Rodgers of New York.‡ The third, although practised by the older surgeons, is opposed by Velpeau, and justly, too; for a more diabolical method for torturing a fellow-being, was perhaps never invented by the most fertile genius of a surgeon. An apparatus for this purpose was invented by M. Louvrier, called "infernal machine"—appropriate term—upon which, or rather *into* which the limb was fastened, and by a sudden turn of a winch, to which ropes leading from this machine were attached, the limb was straitened instantaneously with one or two distinct cracks. "A few escaped with comparative impunity, yet with little improvement in the part; in others, laceration, suppuration, gangrene, delirium, and death were the results.‖ Louvrier's method is now never employed, and writers on surgery only mention this mode of treatment in order to caution the reckless against adopting it. Even the two former meet with very few advocates.

The practice so successful under Langenbeck, and which has given rise to those remarks, consists in breaking up the callus, but in a manner very different from that of Louvrier. Langenbeck's predecessor in the university and hospital, Dieffenbach, long ago recommended *tenotomy* as a preliminary measure to the restoration of an anchylosed limb;§ but since the introduction of chloroform, there exists no necessity for the use of the knife. The patient should be placed in a recumbent posture, and chloroform administered until *complete* anæsthesia is induced; until, in fact, *the muscles cease to offer any resistance*. The most favorable joint for the operation, and that on which I have seen it performed most frequently, is the knee. An assistant or assistants fix the pelvis, and the surgeon commences gradual flexion, if the limb be extended, or extension

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* Cooper. † Miller. ‡ South's Chelins. ‖ Brit. & For. Quart. Review.
§ Dieffenbach. Ueber die Durchschneidung der Sehnen und Muskeln, p. 249.

if flexed. In long standing cases, the force required is considerable; sometimes the whole weight of the body is necessary. When the limb yields to the external force, the amount of flexion is preserved until the next trial; the limb being exercised, passively, during the interval. A great degree of flexion is not to be desired at once; and the more cautiously and patiently the limb is managed, the less danger of reaction, and the greater the probability of success. The inflammation set up when so managed is very trifling; I have not seen it sufficient to interfere with the treatment or retard the cure. A couple of months are frequently necessary to restore the integrity of a joint; three or four weeks are sometimes sufficient. It is absolutely requisite, however, before interfering with a joint, that there should be no trace of inflammation, and that the patient should exhibit no tendency to scrofula, and this the more especially if the anchylosis be the result of scrofulous inflammation or ulceration. I might furnish numerous examples of the success attending the judicious management of anchylosed limbs whereby their function has been restored—one in particular of twelve years standing—under the care of Langenbeck—but want of space forbids, and as I have had an opportunity of testing the matter myself, I cite it *par preference*.

Case.—*Anchylosis of the Right Elbow.*—J. S., a stout, healthy boy of about 13 (?) years of age, or, according to his *intilligent* parent, between 11 and 15, came to see me early in October last. It appears, from his statement, that in July of 1852, he had a severe attack of small pox, which, to use his mother's expression, "settled in the joint." Long after the eruption had disappeared, the elbow continued red, acutely painful, and swoln to an enormous size. By the employment of antiphlogistics, the pain and redness disappeared, but the joint remained stiff; and by unpardonable negligence on the part of the attendant, the limb was allowed to anchylose in a straight position.

Present condition, Oct. 2, 1853.—The arm is perfectly straight; muscles of the arm very much atrophied; elbow of the natural color, nearly twice the size of the left, but not painful. Anchylosis is *complete, there not being the slightest degree of motion.* Circumstances prevented his coming daily in October, but he visited me again in November. I administered chloroform, (and here I may remark that it requires more of the anæsthetic than is necessary for surgical operations generally); and when the muscles ceased to offer any resistance, I commenced flexion of the limb, assisted by my student, Mr. William Wilson. The first day I gained about an inch, and this required nearly all the strength of which I was possessed, so firmly were the bones united. I exercised the limb daily, and every third or fourth day repeated the chloroform, preserving always what I gained. On the 12th day, the arm was bent at an angle

of 45; and at the end of the month the boy could carry victuals to his mouth. Mr. J. F. Ault was present on one occasion, and both he and Mr. Wilson observed that there existed no obstruction to the perfect flexion and extension of the limb, but the will of the patient. The muscles of the upper arm were much increased in volume, and the elbow was reduced to the size of the other, when I lost sight of my patient at the Christmas Holidays.

To conclude. From what I have seen of the operation, I feel quite justified in supporting its claims to be admitted among the regular operations of surgery; and as anchylosis is a disease of frequent occurrence, any mode of alleviating the subjects of it, when supported by facts, should obtain a fair trial.

Montreal, February 17, 1854.

ART. XXXV.—*Death from Uterine Hemorrhage.* By William Marsden, M.D., Governor of the College of Physicians and Surgeons of Lower Canada.

In this case the medical men presumed that the deceased had no been using stimuli, because no traces of alcoholic odour were detected *four days after death.* It is a pathological fact, that even in cases where persons are known to have died from the direct effects of alcohol, no traces existed after death, as stated by Dr. Landry in his case; and all our authorities confirm the same fact. Did not the prisoner give wine to the deceased and actually pour it down her throat whilst in *articulo mortis,* and yet there was not the slightest trace of it discernable *post mortem?* It may not be amiss to cite one or two authorities on this subject.

M. Devergie gives the case of a child of six years old who died twenty-two hours after having swallowed a quantity of strong spirits, and yet, no traces of alcohol were discovered in *any* of the organs *even by distillation.* MM. Bouchardet and Sandras, whose experiments in this department of animal chemistry are numerous and minute, failed to discover any alcohol in any, except the pulmonary secretion; and the experiments of Choisat (who ascertained with as great certainty as the subject admits,) prove that alcohol is eliminated by the lungs.

The experiments of Magendie, Orfila, and Rayer shew that alcohol is rapidly absorbed by the veins of the alimentary canal. The liquor is taken up directly by the blood vessels, and follows the course of the circulation. Dr. Martin states that the lungs were congested, in fact, were

the only organs shewing traces of diseased action, and this was evidently the effect of deceased's habits. The interesting experiments of Bischoff establish the action of the lungs in eliminating alcohol when introduced into the circulation, either directly by injection, or by absorption through the stomach. In proof, he injected ether in small quantity into the crural veins of a dog; and his colleague, M. Leibeg, brought a match near the nose of the animal. "Immediately during expiration thereof I saw a flame, which was extinguished during inspiration, and was again kindled by the match on the following expiration. It went out once more, and was rekindled as before. In a few minutes the animal expired, though the ether injected was a small quantity." It is evident, that although no traces of alcohol were detected in the deceased, no reasonable doubt can exist in any one's mind that she died under the influence of spirituous liquors, as it was clearly proved that between eight and nine o'clock in the morning she was intoxicated, and wine was poured down her throat when absolutely *in articulo*. With reference to the medical treatment also, it must be borne in mind that the prisoner, *of his own accord*, sent for the doctor, and that he evinced the greatest anxiety and distress at the apparently dangerous and hopeless condition of deceased. Dr. Roy also stated, that prisoner had sent for him, and evidently approved of his going there, from the manner in which he wished deceased taken care of. The doctor evidently regarded the case as totally beyond the reach of human means, as he did *nothing* with a view to relief, excepting wait upon the prisoner, who continued to the last, unceasingly to employ such means of restoration as his own judgment suggested.

The testimony of the women examined on the prosecution was particularly one sided; and the interpretation put upon the words or gestures of deceased were of the most partial and unfavorable character. The deceased had only lived a couple of years among a French population, and prisoner had made himself obnoxious to the women, as well as to the clergy, by keeping a tavern, as well as a general store. Deceased spoke "little or no French," and understood almost as little, and was obliged in order to make herself understood by French Canadians, "to mix up French and English" words indiscriminately, besides jesticulating and using signs. An attempt was made to prove that deceased had made *a dying declaration*, and to fix upon prisoner, the cause of her death by throwing her into the cellar, but there was not a tittle of evidence to support such a presumption. For instance, one witness asked her *in French* "whether it was true that her husband had thrown her into the cellar," and *she nodded!* Now supposing she had retained consciousness enough to understand the question put to her, it is well known to medical men and others, who have been with the dying, that persons in a

dying state *frequently answer without reference to the question* merely to avoid importunity. Again, another witness said that deceased died in anger with her husband on account of his bad treatment, which is thus satisfactorily explained to an unprejudiced mind. Witness *in French* told prisoner that his wife was going to die, and he replied in bad French, "Oui de femme mourie—ban faché,"—meaning that he knew she was dying and he was very *sorry* for it, instead of *angry*; whereas the charitable construction and interpretation of witness was, that she was dying "in anger" with prisoner.

As the medical opinions were founded on, and a verdict given according to the evidence, we have nothing to do with the statements of the prisoner either before or since the trial on that behoof, but I desire to draw attention to the statement of one of the non-medical witnesses, for reasons that will appear hereafter, who testified that, going into prisoner's house on the morning of the death of his wife, prisoner said to him among other things,—*Un petit enfant venu.*

Several persons of the best moral and social standing, merchants and others, gave prisoner a most excellent character for mildness, humanity, kindness, and strict integrity. As I cannot conclude this paper in the present number, I will in the next, by reviewing the testimony of Drs. Sewell and Marsden, when I will endeavour to produce authorities in support of their opinions and conclusions.

(To be concluded in our next.)

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XXIX.—*On the Use and Abuse of Alcoholic Liquors in Health and Disease.* By William B. Carpenter, M.D., F.R.S., Examiner in Physiology in the University of London, Professor of Medical Jurisprudence in University College, and author of "The Principles of Physiology," etc., etc. With a Preface by D. F. Condie, M.D., Secretary of the College of Physicians of Philadelphia, etc., etc. Pp. 178. Philadelphia: Blanchard & Lea. Montreal: John Armour.

To the medical man, who calmly reflects on the vast amount of disease and misery which he daily meets with, directly traceable to the abuse of alcoholic liquors, the question of "total abstinence" assumes an importance commensurate with the philanthropy of his feelings. If he be one who cares only for self—one who can look unmoved on hu-

man sorrow and wretchedness in their veriest forms, or contemplate without one emotion of sorrow, or pity, his fellow-man in a state of absolute degradation, moral and physical, then the means which are being employed to stay the further progress of the monster curse of drunkenness in the world will meet with little sympathy at his hands. But, should he possess honest, manly sensibilities—if he can weep with those who weep, and rejoice with those who rejoice—if he can realize that he is united to all men by ties of a peculiar nature, by relations which stand superior to the adventitious circumstances of consanguinity, colour, rank, education, &c., then will he regard with pleasure every measure which has for its object to rescue man from demoralizing practices, and to place him high in the scale of moral and social being.

Drunkenness is rife in the lands. It is an incubus which now presses with fearful weight on the material progress of nations. It militates against the *mens sana in corpore sano*, so necessary to enable an individual to discharge with efficiency the duties of the station in which he finds himself placed; and, as communities are made up of single members, just in such proportion as intemperance prevails among a people will their advance in physical and intellectual developement be retarded. In truth, there is not merely a retardation; rather, on the contrary, a marked retrogression is observable. The deplorable condition of Sweden, which is now attracting the attention of the civilized world, affords an illustration of the effects which the long continued and inordinate use of intoxicating fluids has on the mind and body of man. The liquor which is in common use among the peasants of Sweden is an exceedingly fiery one, distilled from the potatoe, and which contains, when unpurified, a deleterious oily substance. Of this, and other ardent spirits, the average consumption, per annum, for every man, woman and child, is six gallons a head. This far exceeds the average consumption in other countries, and Sweden, therefore, enjoys the unenviable reputation of being the most drunken country in the world. Dr. Magnus Huss, of Stockholm, has recently published the second part of a monograph on "Alcoholismus Chronicus," a disease which prevails to a considerable extent in Sweden, and which is solely caused by alcoholic poisoning. The symptoms of this remarkable disease are progressive. The first observable symptom in the patient is loss of appetite. Tremblings of the hands, occurring in the morning, but subsequently continuing throughout the day, and increased by exertion, next make their appearance. His bodily powers diminish. The sense of sight begins to fail, and his speech becomes indistinct from a tremulous motion of the tongue. His sleep is broken by frightful dreams. Formications, or sensations as if ants were creeping beneath his skin, come on in the evening and afterwards continue during the day, becoming gradually

more painful. The muscular powers of the inferior extremities next diminish, and this debility spreading to the trunk, he can neither stand or sit, but is obliged to remain in a recumbent position. Loss of sensibility of the skin, beginning in the points of the fingers and toes, passing to the fore-arm, leg and trunk, next occurs. Hallucinations of various kinds set in; he imagines he hears persons talking and laughing, or, that he sees individuals or objects around him. He now becomes emaciated, and his skin assumes a yellowish hue. Painful startings, resembling electric shocks, occur in the legs; these startings spread to other parts of the body and become regular epileptic convulsions, followed frequently by delirium. The powers of thought and memory now begin to fail. Diarrhœa sets in and the skin assumes the appearance of parchment; this is followed by low muttering delirium, and death closes the scene.

Dr. Carpenter's work on Alcoholic Liquors should be in the hands of every one. Messrs. Blanchard & Lea have published a cheap edition and popularized it by placing, as foot notes, explanations of the technical terms.

XXX.—*A Practical Treatise on Inflammation of the Uterus, its Cervix and Appendages, and on its connexion with Uterine Disease.* By James Henry Bennet, M.D., &c. Fourth American from Third London Edition. Philadelphia: Blanchard & Lea. Montreal: B. Dawson.

The recognition of uterine diseases is not of such modern date as many suppose. Both Ætius and Paulus Œgineta had considerable experience in them. Their knowledge, however, does not seem to have enlightened their successors to any great degree. Some of it no doubt was lost in the obscurity of the dark ages that came after their time, but the larger part was doomed to lay concealed and be unheard of for years. British practitioners are largely indebted to Dr. Bennet for the information they possess concerning them. Before 1845, when his book was first issued, the conceptions generally entertained of its subject were vague and imperfect. This gentleman, during a connexion of 7 years with the Parisian Hospitals, devoted his attention to the investigation of uterine pathology. Any one familiar with the practical schools of the St. Lazarre, St. Louis, La Pitié, La Charité, Hotel Dieu, and Salpetrie, will acknowledge their fitness for affording the necessary opportunities. To the observations there formed, he has since added those acquired during a London practice of some years, both in private and as a Dispensary physician. His work gives a fuller account of the diseases which it con-

siders, than any other in the English language. Much originality is displayed, and the views of others are fairly put forth. The opinions first formed have stood the test of several years' additional experience. The various plans of treatment pursued in Paris are described, and it concludes with an analytical record of 300 cases.

The advent of Dr. B.'s treatise created such a sensation and reaction as will long be remembered. Many of its readers were informed about matters with which they had previously little or no acquaintance, and early felt their immense importance. As it is human to pass from one extreme to the other, so practitioners, who formerly had scarcely ever a uterine complaint to treat, now recognized one in every female who consulted them. A perfect *furor* was manifested. Inflammation of the os and cervix was ubiquitous, the source of every female anxiety, from which none were exempt. The accoucheurs who kept pace with the advance of the age self-complacently admired the superiority they had attained over their fellows, who far behind them were pattering along their beaten path, as was their wont, without change or innovation. The *furor* extended beyond the profession, and was participated in by patients. Delicate women, hitherto characterized by modesty and all the virtues that grace their sex, began to refer every ill to a diseased womb—spoke of their symptoms with a familiarity shocking to hear—solicited to be subjected to the speculum, and were urgent in appeals for cauterization. The true seat of this morbid state soon became still more intelligible, and its poor sufferers fell into a sort of monomania, or as we would term it *hysteromania*. In London where this *furor* raged most widely and wildly, benevolent men bent their energies to its detection, exposure and remedy. From their inquiries we are now better able to form an estimate of the prevalence of the diseases in question.

Dr. B. believes inflammation of the cervix uteri to be very common. In the Western Dispensary, of 300 cases of uterine disease, 243 presented decidedly inflammatory symptoms, and 220 those of ulceration. This is a very large proportion, and quite opposed to the experience of other practitioners in larger practice, of older standing, at least as skilful, and as advantageously circumstanced. Thus Dr. R. Lee, in 708 cases, only found common congestion and inflammation in 13; in some of which it was limited to the fundus; ordinary enlargement and hardening in 3. Dr. Boyd believes ulceration of the neck and mouth of the womb, to be an exceedingly rare disease, "else," he says, "I must have observed it, having cut up and weighed many hundreds (uteri)." Dr. Allen in 12 years examined the bodies of more than 1000 females, and found no more than 20 examples of ulcerated os of any kind, even including the scrofulous and syphilitic. Mr. Prescott Hewett, in 600 uteri, seldom or ever met with anything which could have been called ulceration of os and

cervix, independently of scrofula and cancer. Mr. Pollock, in 400 examined, merely found 4 ulcerations, 3 scrofulous, 1 cancerous. Mr. Gray, out of 80, only 3 distinct ulcerations. Dr. Ashwell, author of a work on diseases of females, after more than 3000 examinations, only saw the neck of the uterus inflamed and ulcerated (exclusive of malignant cases), in 25 in 1000. The value of this testimony consists in the close parallelism which subsists between the kind of patients, in the observations by which it is afforded, and those of Dr. B., for here, as in Dr. B.'s, the gross numbers were all instances of uterine disease, occurring in the poorer classes, and every other such was carefully excluded..

As then we know of no means of reconciling the discrepancy, we take our guide from the majority, and while denying that ulceration is of the frequent occurrence which it is represented to be by Dr. B., are disposed to consider it as actually of rare occurrence.

From the description given at p. 89, of inflammatory ulceration in its incipient stage and time of greatest frequency, we can conceive that many observers would altogether deny that it applied to ulceration, and seeing the conditions there stated, object to include them under this head. And we think very justly so, for how can an ulcer be said to exist, when there is no solution of continuity, no excavation, no edges, and no stool. It is true, a trial test is to be used, and if a white stain follows the application of argent. nit., the proof is thought to be complete. But even this strange expedient is fallacious, for when there is merely a morbid action in the natural crypts of a mucous membrane, without any breach of the surface, the same result will be observed. As may be plainly evidenced in follicular affections of the throat. The part diseased, however, shows some positive signs, as "unusual redness and granulations, so minute as to be of doubtful existence." The degree of inflammation these indicate, may be doubtful. They are such as would occur in Sir C. Clarke's granular inflammation and this fact, taken with what has just been said, is adverse to an admission of their ulcerative nature. The author, it must be allowed, describes disease, and our difference with him principally relates to its intensity. Admitting it in its milder form: is it still as prevalent as his statements, when restricted to it, would represent it? The data formerly given from expressly specifying ulceration, cannot all be brought to bear upon the solution of this question. We have, however, the precise declaration of Dr. Lee in direct contradiction, and this in the absence of others, is enough to cast doubt upon the alleged frequency of inflammation of the neck of the uterus. The distinction upon which we have been insisting in regard to inflammation and ulceration, has a practical bearing. Dr. B., carrying out his ideas, treats the case as ulceration, and with very decided means. Now, if there be no ulceration, a resort to these means is un-

warrantable, and very likely to be productive of the state they were meant to cure.

For the treatment of ulceration, cauterization is necessary. The nit. silver will suffice in most cases, and when selected, can be used more often than the others. When the ulceration is extensive, or obstinate, the acid nit. of mercury is most efficacious, and next to it nitric acid. Generally speaking, 12 or 14 days should be allowed to elapse between two cauterizations; the nit. silver solid or in solution being used in the interim. When the case resists these measures, it is not yet hopeless, for by means of potassa fusa, and the actual cautery, "cases otherwise all but incurable are susceptible of easy and radical cure." The potassa is usually mixed with lime, as in the *Vienna paste*, so as to avert the bad results that might follow its deliquescence and diffusiveness.

In hypertrophy, or thickening of the neck of the uterus, Dr. B. has not derived sufficient benefit from the use of iodine and mercurials, either externally or internally, as to be induced to employ them; he has found all such cases easily overcome, even after failure of repeated medications, as they never withstand the melting influence of deep cauterization with potash or the red hot iron. Suitable constitutional treatment must never be neglected.

XXXI.—*Elementary Chemistry, Theoretical and Practical.* By George Fownes, F.R.S., late Professor of Practical Chemistry in University College, London. Edited, with additions, by Herbert Bridges, M.D., Professor of Chemistry in the Philadelphia College of Pharmacy, etc., etc. A new American, from the late and revised London edition. With numerous illustrations on wood. Pp. 555. 1853. Philadelphia: Blanchard & Lea. Montreal: B. Dawson.

We know of no text book on chemistry that we would sooner recommend to the student than this edition of Prof. Fownes' work. The London editors say, that they have endeavoured "to include in the present edition of the manual the progress of chemistry since the author's death. The foundation which he laid and the form which he gave to the work remain untouched. But time has rendered it necessary that each portion should be revised; a few repairs, and some considerable additions, especially in organic chemistry, have been made. Thus, several of the chapters on the alcohols, the organic bases, colouring matters, &c., have been almost re-written." When we mention that these editors are Drs. H. Bence Jones and A. W. Hoffman, it will be a sufficient

guarantee that the changes made are such as the present state of the science of chemistry demanded.

The American editor, Dr. Bridges, has added some notes on matters "overlooked by the author's friends," to which he has appended his initials.

CLINICAL LECTURE.

Clinical Lecture on Diseases of the Joints. By Samuel Solly, F.R.S., Surgeon to St. Thomas' Hospital.

(Condensed from Lancet.)

Gentlemen,—The ankle and tarsal joints must next afford us matter for reflection. Not many years ago, disease of the ankle joint, or scrofulous diseases of the tarsal bones, almost invariably led to amputation of the leg below the knee; but now we are able, in many cases formerly considered hopeless, to save the foot, and this is accomplished by the removal of carious bone by means of the gouge, acting on the same principle that guides the dental surgeon in the treatment of carious teeth; and I feel convinced that if the scalpel and the gouge were more frequently in the hands of the surgeon, that he would be less frequently called upon to use the amputating knife and the saw.

I will read to you some brief notes of what some of you, I dare say, have called my pet case, from the interest with which you must have perceived that I have watched it. Certainly one of the greatest boons that the discovery of chloroform has conferred on surgery is the impunity with which we are able to operate in these cases. All these painful operations must be more or less experimental, for as we cannot be certain of their perfect success, we should not have ventured so far into this hallowed path of conservative surgery, without the support of chloroform. These cases are always tedious, lasting a long while, and frequently making but little perceptible progress from day to day, or even from week to week. The patient to whom I have already referred has been in the hospital two years and a half, and all his wounds are only just healed. But I will give you an outline of this case.

James S., aged 15, was admitted into George's Ward, under my care, on the 16th March, 1852. He was a scrofulous looking boy, flabby, but not emaciated; the glands of the neck were swollen, and at some points had ulcerated; there were also a chain of small ulcers under the chin, extending nearly from one ear to the other. Both feet were swollen; in constant and severe pain; there were several sinuses with unhealthy, sluggish, purple edges, surrounding the ankle joints of both feet. At the bottom of these sinuses, carious bone could be felt.

History.—The left foot became painful and swelled, about two years previous to admission, and the right foot soon suffered in the same way. He was soon unable to walk from pain in the ankle joint and across the instep, nor could he bear any pressure over the joint. Abscesses formed

over both ankles, which, being poulticed for a short time, burst. They have never healed in the slightest degree from this time.

My first object on his admission was to improve his general health, before submitting him to any operation, and having accomplished this by means of cod liver oil, and a generous diet, I had him first in the operating theatre on the 16th June, 1853. On this occasion I cut down over the external malleolus of the left foot, and removed the whole of the external malleolus, a portion of the astragalus, and the articulating surface at the end of the tibia, laying open freely the ankle joint. The chasm which was thus made was certainly a fearful one, and I trembled for the after consequences; but as the operation was performed under the influence of chloroform, there was no suffering. He had an opiate at night and slept pretty well. I found him the next day more free from pain than previous to the operation; indeed, I have generally remarked that this is the case after the removal of carious bone, however severe the operation may have appeared at the time. The wound soon assumed a healthy appearance, suppurating freely, and throwing up florid and vigorous granulations. On the 2nd of July, I performed nearly this same operation on the right foot, with equal success; and on the 2nd October, finding that there was still some carious bone in the left foot, I again operated, on this occasion removing a large portion of the os calcis: and early in April this year, I was again obliged to operate on the right foot, removing some carious bone from the os calcis. The wounds and sinuses were all healed about the commencement of last August; that is, just 13 months and a half from the performance of the first operation; and now, early in October, he can walk well with the assistance of a stick; the feet are both quite sound, and for a scrofulous subject, is really a healthy looking boy.

Now you must not suppose, gentlemen, that you will be equally successful in all such cases, and you must watch them with great care, seeing that the health of your patient does not suffer from the operation or the discharge which follows. You must be prepared to have recourse to amputation, if you think your patient requires such mutilation to save his life. You must watch the condition of the tongue, and let it guide you in the administration of tonics. If you find it getting brown or dry, you abstain from quinine and its compeers, and give the effervescing mixtures, taking care at the same time to keep the bowels open. If there is much thirst with fever and depression, you will find brandy with soda water useful, adding the carbonate of ammonia to the effervescing mixture. If there is restlessness at night, give morphia, with an aperient in the morning; also calomel, if the liver is sluggish.

This curious disease of the tarsal bones is often induced by what is called a sprain. A simple *sprain*, pathologically speaking, is a stretching of a ligament to the extent of laceration of some of its fibres. In a scrofulous subject the bones are morbidly soft, so that the osseous tissue is torn, as well as the ligamentous, and this laceration is the primary cause of the caries. In considering the anatomy of the ligaments of the foot in relation to those injuries, let me remind you of the joints between the astragalus and os calcis, and the strong interosseous ligament which fills up the hollow between the two joints, by which these bones are united. The articulating surfaces are almost flat; the joints are not strengthened by any projecting lips, like the two strong malleoli at the

ankle joint. In all the balancing motions of the body the strain upon this ligament must be enormous. You will often find the attachments of this ligament the seat of disease, and, as the pus which is secreted from the carious bone finds its way most rapidly upwards towards the ankle joint, this disease has often been mistaken for disease of the ankle joint, and an erroneous operation performed. You will therefore see the importance of a correct diagnosis as regards the course of your operation; but it is also important in reference to your prognosis, for you will see if the ankle joint is sound, your patient, in the event of his recovering with an anchylosed calcano-astragaloid joint, will still retain the motions of the ankle joint.

Mary Ann M., aged thirty-two, (but looks much older), married, was admitted into Queen's Ward. She has never been very strong, but has never suffered from serious illness of any kind. About six months before admission, she began to suffer very severe pain in the right ankle; this she attributed to a sprain which she had received three weeks ago, although she had been suffering no inconvenience in the interval. The outer side of the foot, about and below the ankle, begun to swell soon after the pain commenced, and also became red upon the surface. The redness and pain extended some distance up the leg at first, but this soon went away by fomentation. About a month after she first began to suffer pain, a small abscess formed below the outer malleolus, which soon broke and discharged a very small quantity of pus. Lately, too, she has had some similar openings on the inner side; none of them discharge much pus. Her general health has suffered much during her illness; she looks pale and anemic, and feels low. The ankle, as a whole, is very much swollen; the malleoli, however, can both be felt plainly. No fluctuation can be felt in the intervals of the ligament of the joint, nor has she any pain on pressure here. She cannot walk on account of the jar which is communicated to the whole foot. The swelling on the outer part of the os calcis is soft, quaggy, and most particularly circumscribed; upon its surface are several ulcerated openings. A probe passes some depth in two of these, and at the bottom soft and carious bone is felt, which seems to belong partly to the astragalus, but principally to the os calcis. She has not noticed any scales of bone come away with the poultices, which had been applied previous to her admission. Cod liver oil, one drachm, twice a day, porter, slice of meat.

April 23rd. A long semilunar incision was made from near the insertion of the tendo achillis to about the middle of the fifth metatarsal bone. Upon cutting deeper, a considerable part of the os calcis was found soft and carious, and about one-third of its body, with a small portion of astragalus, were removed by the gouge; there was not much hemorrhage. The patient had chloroform. The extremeties of the wound were afterwards brought together by plaster, but the middle left open.

Was presented, Sept. 26. Could not bear any weight on the foot, but has no open sores now. Has still some puffiness on the outside, but no tenderness on pressure. Health very good, in fact better than for some time.

The above case exhibits the serious consequences occasionally resulting from sprain. Details of such cases in their early stages might be accumulated without number. Prevention is better than cure. A sprain, especially in a strumous subject, is a very serious matter, and it is for this

reason that the Almighty Creator has endowed the ligaments with such exquisite sensibility. I recommend, in the first instance, entire rest in all sprains while there is any inflammation; after a few days I treat it as a fracture, and fix the foot completely either with the gum-bandage, which is, on the whole, the best, or by means of stiff buff leather splints. These splints are softened with warm water, and then moulded to the foot. Gutta percha may also be used, if you cannot procure leather thick enough, but I do not like the gutta percha as well as the leather.

THERAPEUTICAL RECORD.

(Virginia Medical and Surgical Journal.)

Anasarca.—Dr. Gintrac *(Journ. de Med. de Bourdeaux)* reports a case of ascites and general anasarca surpervening upon intermittent fever, which, after resisting treatment by nitrate and acetate of potash and digitalis, squill, scammony, gamboge, etc., was relieved by sulphate of manganese. It is already known that good results have been obtained from the cholagogue action of this remedy, in the jaundice; which often follows miasmatic fevers.

Paraplegia.—In treating of that form of paraplegia connected with exhaustion, which is often caused by chlorosis, anæmia, onanism, excessive coition, etc., M. Trousseau recommends *(Ann. medico-psychologiques)* frictions, flagellation, urtication, cold affusion, and the internal employment of ferruginous preparations and bitter tonics. If these means are unavailing, the practitioner should have recourse to a remedy proposed by Dufrénoy, of Valenciennes, in paraplegia occasioned by the retrocession of dartrous eruptions; this is the extract of *rhus radicans (toxicodendron)*, prepared from the unpurified juice of that plant. MM. Brettonneau and Trousseau administer this medicine prepared in pills: extract of toxicodendron, ℈v.; inert excipient, q. s.; make 25 pills. The dose is gradually increased until sixteen pills are taken daily.

Tooth-Ache.—A German Journal recapitulates the following formulæ, which may be used with advantage in dental caries: R. Opii et camphoræ, ana, gr. x.; spiritus vini rect., q. s.; Olei papaveris et cajaputi, ana, gtt. ℥j; M. This is Dr. Copland's formula. R. Spir. vini rect. et creosoti, ana, ℥vj.; tinct. cocci, ℥ij.; olei menthæ, gtt. xii. M. (Righini). R. Aluminis pulverizati, ℥j; alcoholis et spir. ætheris nitrici, ana, ℥iij. M. (Blake). Cottereau advises a solution of camphor in ether with a little ammonia; Barruel employs a mixture of ether and chloroform. All of these recipes are employed in the same way; a piece of cotton or lint moistened with one or other of the liquids is placed in the cavity of the tooth.

Erysipelas.—The tincture of the perchloride of iron, so highly recommended in this disease by Dr. Balfour, has been extensively used in the London hospitals with excellent results. (*Medical Times and Gazette*, 12th November.) With regard to the local applications in this affection, it may be stated that a large or thick sheet of cotton wool

appears to be superior in its protecting influences to all others. Lately, in several severe cases of erysipelas of the scalp, at St. Thomas' Hospital, Dr. Goolden smeared the affected parts with a thick coating of white paint. The patients did well, but the remedy is not an agreeable one.

Rheumatism—Chronic.—Dr. Bennett, of St. Thomas' Hospital, has recently observed (*Med. Times and Gazette*, Nov. 12,) many cases illustrative of the good effects of iodine painting of joints affected with chronic rheumatism. This remedy, though so long known, is not so generally employed as it should be. It was a great favorite, we believe, with the late Dr, Pereira.

Gout—Chronic.—The ancient remedy of soda poultices for chronic gout seems to have fallen into unmerited disuse. We have lately seen numerous cases in which they apparently produced great benefit. One drachm of soda was mixed with a common bread poultice and applied hot over the affected joint every night.—*Med. Times and Gazette, Nov.* 12.

PERISCOPE.

Iodide of Potassium in the Cerebral Affections of Children. By Sanford B. Hunt, M.D.—If we assume that chronic hydrocephalus includes only that class of cases when the disease comes on slowly, and is accompanied by tubercular deposit upon the brain or its membranes, the case following will not come under that designation. In all cases of hydrocephalus occurring in strumous children, or at the close of exhausting illnesses, it has been my fortune to witness a fatal result.

So universally has this held true, that it was common with the older authors to assert, that no case of dropsy of the brain had ever recovered, and that all such reported recoveries were cases of simulated cerebral disease, dependant on irritation elsewhere.

This opinion owes its origin to the fact, that no distinction was made between scrofulous hydrocephalus (tubercular meningitis) and that form produced by the retrocession of tumors, the translation of disease, or by idiopathic cerebritis. This distinction is now widely known, and it is freely admitted that cases of this latter kind may often recover.

It is still, however, a dangerous, and, in a large proportion of cases, a fatal disease. Coming on, as it often does, very suddenly, but little time is furnished for the exhibition of remedies. The prognosis must depend almost entirely on the amount of effusion, and particularly the degree in which the action of the heart and lungs are influenced thereby.

Case.—Edwin S., aged 2 years. Feb. 6th, was called to see him. Up to Feb. 15th, the symptoms were of a shifting febrile character, with cough, hurried respiration, some stupor, and occasional intolerance of light.

On the 15th he had symptoms of bronchitis, with a tight ringing cough. Some expectorants were given. On the 16th there was an extremely profuse secretion of mucus in the lungs, in such quantity as to meterial-

ly impede respiration. He had a profuse perspiration, and also a diarrhœa; was pale and exhausted, and had hardly strength enough to free his lungs of the constantly rising mucus.

The treatment consisted of carb. ammon., quinine, and other supports. Under these he improved until the 18th, when he had an accession of fever, with two well-marked dysenteric discharges. For this (although he was very drowsy) opiates were given. He had, all this time, only such head symptoms as might be accounted for by the irritations elsewhere. The dysentery was checked by the opiates.

20th. Morning. Head symptoms more marked; pupils somewhat contracted; head hot. He screams occasionally with a very shrill voice —*cri hydrencephalique.*

℞ Potass. nitras, gr. ij, every two hours.

3, P.M. Head symptoms are increasing. Pupils of the eyes very much contracted; head very hot; respiration labored and interrupted. There is general coma, and the pupil is entirely insensible to light.

℞. Iod. potass., grs. v. every three hours. Ice bladder to the head, and warmth to the feet.

21st. Still insensible; chin quivers; pulse unsteady in volume, but cannot be called intermittent. Pupils of the eyes no larger than last night. Some diarrhœa.

Continue treatment.

Evening. Pulse slower and steady; head cooler; opens his eyes, and recognizes those around, apparently. The pupil of the right eye is very much enlarged. That of the left eye is enlarged, but is not more than one-half the size of the right.

Reduce the dose of iod. potass. to 3 grs.

Continue the revulsives.

22nd. Has his senses; skin cool; head getting quite cool. In the right eye the pupil is so much dilated, that a mere rim of the iris is visible.

℞ Emp. vesicat. to the nucha.

Continue the previous treatment.

23rd. My patient is extremely cross and fretful, but has quite an appetite, and appears every way better. Objects to the ice bladder for the first time; pupils less dilated and nearer of a size.

Omit the ice. Continue the iodide.

Evening. Pupils answer in some degree to the light; are both still enlarged, but nearer of a size, the right one having decreased, while the left remained stationary.

On the 24th I considered him convalescent. He was for some time extremely peevish and irritable, and two months elapsed before the iris regained its natural contractility.

The iodide was continued, in smaller doses, for some time. The record gives 112 grs. iodide. potass. as consumed in four days. As is usual in bedside pharmacy, the quantity was guessed at, and was really much larger than is stated, as I subsequently ascertained by weighing a bulk equal to that consumed during this period. In all these cases the large dose was tolerated by the stomach, and I discovered no unpleasant effects from it.

I have long considered the iodide of potassium as a most serviceable diuretic, while its ackowledged action of stimulating the absorbents,

peculiarly qualifies it for serous effusion. In cases of cerebral disease, we are usually unable to check them before the period of effusion, which sometimes comes on with astonishing rapidity. Those medicines—*e. g.* calomel—given with the view of controlling the inflammatory action, have not sufficient time to reach the difficulty, even if we admit that they have the power to control it. The use of drastic cathartics, so long and so strenuously urged, is, to my sense, not only unphilosophical, but injurious. The irritation of the alimentary mucous membrane is added to existing difficulties, and complicates, without relieving the case.

In an inflamed brain, every irritation is felt with more than ordinary severity. It should be a maxim in these cases, to avoid unnecessarily distressing the patient. Consequently, blisters are less serviceable than in effusions elsewhere, and though the draft upon the fluids, which they occasion, is desirable, they should be avoided until the effusion is evident, and the capacity of pain in the cutaneous nerves is obtunded by the loss of cerebral sensibility.

To the iodide of potassium none of these objections apply, for no pain or irritation follows its use.

The theory of simple hydrocephalus would seem to be comprised in the following indications:

1. To combat the local inflammation by cold to the head, and the warm bath.
2. To promote the action of the kidneys, and thus to hasten the absorption of effused fluid.
3. To maintain a soluble condition of the bowels without the use of drastic or irritating medicines. For this purpose I prefer the aloetic enema, attributing to it a revulsive, as well as cathartic effect.
4. To counter-irritate and set up artificial discharges of serum.

While I have a reasonable conviction of the real efficacy of the iodide of potassium in simple hydrocephalus, the question must remain unsettled until a large number of cases is obtained. I am, however, convinced that should it be proved that it exerts no influence upon the disease, it will be found, also, that the previous modes of treatment are objectionable on other and stronger grounds, and treatment will be finally limited to the employment of external revulsives only.—*Buffalo Medical Journal.*

Tetanus Successfully Treated by Chloroform.—By Glascott Symes, M.D., F.R.C.S.I., one of the attending Physicians to the Kingstown Dispensary.—On the 18th of August, 1853, I was called to visit a young gentleman aged twelve years, who was suffering much from paronychia of his left thumb, which I treated by incision. I did not see him again until the 25th of August, on which day I found him labouring under well-marked symptoms of tetanus; the muscles of the face, neck and abdomen were permanently rigid, and the other well-known symptoms of tetanus were present. The treatment usually adopted in tetanus was immediately put in force; thus, calomel and opium, &c., were perseveringly administered up to the 30th of August, but without any marked benefit, the disease still increasing, the spasmodic seizures becoming more frequent and violent; the muscles of the jaws were so rigid, the teeth were so completely closed, and the difficulty of swallowing was

so great, that not even fluid nourishment could be given to the patient. In consultation with Mr. Cusack, it was determined to try the effects of chloroform inhalation, which I administered with much difficulty, owing to the violent resistance which the patient made; he inhaled a considerable quantity, and remained under its full influence for upwards of twenty minutes; after the anæsthetic effects of the drug had passed away, the boy was able to swallow a glass of wine without much difficulty, and from that moment he gradually but steadily improved, and on the 19th of October he was perfectly well. The paronychia was slow in healing, the nail was not detached until the patient had nearly recovered from the tetanic symptoms.

I am fully aware that, in other hands, tetanus has been successfully treated by chloroform; thus two such cases have been lately detailed in the *Dublin Medical Press*. Every additional case is, however, in my mind, well worthy of being recorded, as it is only in this way that the power of chloroform, in certain cases of tetanus, can be made known to the profession at large.—*Dublin Hospital Gazette.*

A Case of Traumatic Tetanus successfully treated by Anæsthetic agents. By T. F. Betton, M.D., of the Borough of Germantown, Philadelphia County.—On Thursday, September 22nd, 1853, I was called to see a young man of some nineteen or twenty years of age, boarding at Rockville Place, (the residence of Capt. J. D. Miles,) in this borough. He was supposed to be affected with cholera, or yellow fever, and the alarm of the inmates of the house was not inconsiderable. I saw him about 6 o'clock, P.M., and found him laboring under intense pain in the nape of the neck and back of the head, and also in the right hypochondriac region, extending towards the epigastrium. The history of the case given to me was, that he had arrived in the 11 o'clock train from Philadelphia, and walked over to Rockville, a distance of one and a half miles, feeling very well; nothing peculiar was observed about him. He himself informed me that about 3 o'clock, P.M., feeling a desire to evacuate his bowels, on retiring for that purpose he was seized with great pain in the bowels, accompanied by vomiting and purging. These circumstances, with the addition of a violent convulsion, gave rise to the idea of cholera. When I saw him he was strongly convulsed and agitated by the spasms so characteristic of tetanus, (opisthotonos,) which I at once supposed the disease to be. On questioning him, however, as to whether he had recently received any sort of wound, he replied in the negative. I then concluded that I was mistaken, but his mind, up to that time, not being very clear, I determined to act on my first impulse, and treat the case as one of tetanus. I gave him, at once, a large dose of Hoffman's anodyne, and tr. valerian with tr. opii, the only remedies at hand. His spine was also rubbed with a liniment composed of aq. ammon. fort., ol. succ. rect., spts. terebinth, and tr. opii, in equal parts. A pill of one grain of calomel, and half a grain of opium, was directed to be given hourly. I visited him at 10, P.M., and found the spasms still as strong as ever, but his mind being somewhat improved, he informed me that some three weeks previously (in this he was incorrect, it was but one week,) he had been hurt by a nail in his foot. On examining his foot, no mark of injury could be discovered, but great tenderness on pressure existed near

the ball of the great toe. I made a deep incision in the part affected, without any apparent benefit. Continued the remedies during the night, with the addition of tr. cantharid, and tr. capsici to the liniment.

Friday, 8 o'clock A.M.—Condition worse. Inability to swallow, difficulty of speech, and, thinking himself dying, he had taken leave of his friends. Spasms increasing in frequency and intensity. Having provided myself with a mixture of three parts of sulphuric ether to one of chloroform, I instantly caused him to inhale it. The result was most gratifying. The spasm ceased as soon as the anæsthetic exerted its influence, and he became calm. In a few moments he was able to swallow some brandy and water. The original treatment was continued, with directions to let him inhale the ether whenever a spasm began to manifest itself. 3 o'clock P.M.—Progressing favorably, spasms perfectly controlled by the remedies, which were continued. 7½ o'clock P.M.—My friend Dr. Ashmead, of this borough, saw him with me, and approving of the treatment it was continued. My friends, Dr. Squire and Mr. Henry, student of medicine, having kindly consented to watch him during the night, he was left to their care, and I have sincere pleasure in saying that, to their judicious attention, skilful nursing, and management of the anæsthetic, his life is mainly due. A mixture of chloric ether and chloroform was freely administered during the night (about every 15 minutes for four hours,) whenever an indication of spasm was present. Beef tea and brandy and water were also given.

Saturday, 8 o'clock A.M.—Much improved; free from spasm. Seven o'clock P.M.—Doing well, had a slight spasm at 11 A.M., and one, more slight, at 3 P.M., none since.

Sunday.—This day was passed in tranquillity, his appetite is good, and condition in every way favorable.

Monday, 9 o'clock A.M.—Improving rapidly, and may be fairly considered convalescent. He has been entirely free from spasm for about forty-two hours.

Tuesday.—Has discharged his doctor, and considers himself well.

I now regret that I did not employ the chloroform on Thursday evening, instead of waiting until Friday morning, as he would have been saved some spasms. To the anæsthetic *alone* I attribute his recovery, and its influence appeared almost miraculous. May it not be equally valuable in hydrophobia?—*Medical Examiner.*

Styptic Balsam.—By James Warren, M.D.—It is nearly thirty years since I commenced the use of this balsam as a styptic, in the various forms of hemorrhage which are within the domain of medical pathology, and with uniform success.

I am satisfied that no remedy now known exerts a more specific power and more speedy relief, especially in hemoptysis, hematemesis, epistaxis and menorrhagia.

It acts both by its sedative power, in diminishing the force of the circulation, and by its astringent qualities, in contact with the bleeding vessels. In the treatment of hemorrhage, neither blood-letting, confinement to the room, suppression of the voice, relaxation from business, nor other precautions are necessary; nor is any auxiliary treatment required, except, perhaps, a dose of Epsom salts, where there is evidence that blood has been swallowed.

Ordinary exercise in the open air is decidedly preferable to inaction; and wherever there are premonitory symptoms of a return of hemorrhage, it has always exerted a prophylactic power when promptly used; and by this early resort to the remedy, many radical cures have been effected.

The following is the formula and the method of using it:

℞ Acid. Sulphuric. (by weight), ʒ v.
Spts. Terebinth. } f ʒij.
Spts. Vin. Rect. *a a* }

Place the acid in a Wedgewood mortar, and add the turpentine slowly, stirring it constantly with the pestle; then add the alcohol in the same manner, and continue stirring it until no more fumes arise, when it may be bottled, and should be stopped with a ground stopper.

It should be prepared from the purest materials; and when done, it should exhibit a dark but clear red color, like dark blood; but if it be a pale, dirty red, it will be unfit for use. The dose is 40 drops, and the method of using it as follows:—Put a tea-spoonful of brown sugar in a common sized tea-cup, and rub in 40 drops of the balsam until it is thoroughly incorporated, and then slowly stir in water until the cup is nearly full, when it should be immediately swallowed.

This dose may be repeated at intervals of an hour, until three or four doses are taken, if necessary; and its use should be discontinued when fresh blood ceases to flow. After standing a few days, a pellicle forms upon the surface of the balsam, which should be broken, and the liquid below it used. It does not deteriorate by age, if tightly stopped.—*New York Medical Times.*

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

CRIMINAL RESPONSIBILITY OF THE INSANE IN CANADA.

Wilful homicide is the most atrocious crime that sinful man can commit in direct disobedience of Divine commandment, and outrageous defiance of legal consequences. In most instances, the circumstances of the crime are such as to admit of no palliation; and Justice, having overtaken her violent offender, proceeds with her work of avenging. Occasionally, however, it is otherwise; so fiendish is the wickedness, unattainable the motives, incomprehensible the impulse, profitless the consequences, and demented the culprit; that in the sight of so much horror the sanity of its unhappy perpetrator is humanely questioned by Mercy.

The plea of insanity in homicidal cases has during late years been almost invariably used in behalf of the prisoners. Their counsels have

recourse to it as a *dernier resort* in otherwise hopeless cases. During a period of two years, it was raised in no less than 40 trials for murder in Great Britain and Ireland. We know not the number in which it was substantiated, but believe it to be very small. The law cautiously requires the clearest rebuttal of sanity in every case, and by so doing is acting in strict accordance with the history of Insanity.

The insane are as remarkable for depravity as other persons, probably more so; but the propensity to kill is not more strongly manifested by them than by persons reputed sane and better circumstanced. Of 137 criminal lunatics confined in England and Wales, 29 were for murder, 4 infanticide, 9 stabbing, shooting, and attempting to drown others, and 1 manslaughter; and in some of these we have reason for assuming the insanity followed the crime. Murder may be committed by an individual laboring under any form of insanity; but there can only be a difference of opinion as to whether it resulted from diseased mind in the absence of the features of this condition, as they are commonly recognized. Such cases form the species called homicidal moral mania, where the whole madness may consist in a desire to kill, which predominates over every other propensity, and directs the conduct, in spite of the will and reason. A clear perception, even horror, of the deed, is entertained; but the impulse is sudden and ungovernable, and its subject, though knowing the difference between good and evil, has not the power to choose the good and avoid the evil. It is difficult for one not versant in psychology to comprehend how such a one in full possession of his intelligence can be reputed mad and irresponsible. And the difficulty of proving its existence may explain the frequency with which it has been applied to the cases of accused murderers; though this is more truly due to the little or no knowledge of it possessed by those who talk most about it. Were it otherwise, we should seldom hear of its being raised as a plea, and when raised never disputed; for it is a disease, exceedingly rare, and when present, marked by evidences as unmistakeable as those of any other morbid state more generally understood. Reil's description clearly shews that before and during the commission of the deed the person is laboring under a paroxysm, not merely of mental but of bodily excitement, which is allied in character to that of the epileptic seizure; while the chances that a lunatic will perpetrate murder in preference to suicide are as 1 to 10.

From the foregoing, the insufficiency of the test—the knowledge of right from wrong, good from evil—to determine all cases of insanity, must be very evident; and this, too, in spite of its antiquity: for it would seem as if it had been suggested by the occurrences attendant upon the original sin of our first parents, who fell from their state of perfection, beguiled by Satan, to be "as gods, knowing good and evil," but which

by law, their descendants cease to be when lunatic! Being still retained, and likely to be employed, it is worth remembering that it establishes a division of insanity into legal and illegal, or that recognized by law, and that not recognized by law, an insanity which exempts a man from punishment for crime, and another which holds him responsible for his actions. In the first category would be comprised those forms of the disease marked by an aberrant or defective intelligence, and corresponding to the popular estimate of madness or weakness of mind; in the latter, those varieties of unsound mind, denoted by uncontrollable volition or morbid conscience without any obvious or corresponding disorder of reason, and only appreciable by psychologists. We can indeed conceive one case in which this test would detect the moral lunatic, and that is when he is analagously circumstanced to one who, though not mad, has never learned the difference between right and wrong from thorough brutalization, vicious association, and want of education; but would these considerations save him? We have no reason for supposing they would; they are not entertained in either case: and why should the exemption be extended to the one which is withheld from the other?

Setting aside the legal right, the ethical propriety of punishing lunatics for their offences is entitled to examination. The persons whom we have just been noticing are susceptible of improvement. Punishment, therefore, which has for its object their own reformation, is desirable, while that which is of a vindictive character should be eschewed, the more particularly as it has been found not to be followed by an equal diminution of crime. In such cases the right of society to execute a bloody revenge, may be fairly questioned in view of the little trouble she has taken to instill into the minds of her delinquents correct notions of right and wrong. Had she protected and managed them from youth upward, assuredly she would be more justified in her extreme interference; but then, in all probability, it would never have been called for. The punishment of lunatics can never be profitable as an example to other lunatics; for none will or can believe themselves in the condition of the culprit, while all are unable or are not likely to concern themselves in the matter. The only reason for its institution, then, should be the improvement and restoration to sanity of those, as moral lunatics, who are improveable and restorable, by such means; and to this end it ought to be confined to what would most conduce to individual amelioration. We believe, therefore, the law justly holds such persons punishable, but must object to the present system which would remove the convict to the penitentiary with the perfectly sane, inasmuch as here there would not be an adaptation of punishment to individual requirements, and its principal purpose entirely neglected. The silent plan

is, moreover, as calculated to aggravate cases of partial insanity, as it has been found to produce examples of a more general kind.

The above remarks contain an exposition of the legal notions and practices concerning insanity in criminal cases in Canada. We have been induced to offer them in consequence of a late decision at Quebec. F. X. Julien tried for wilful murder of his father-in-law before Court of Queen's Bench, was found guilty, and sentenced to be hanged on 17th March next. The plea of insanity was urged in defence, but without the slightest argument in its favor, the testimony of some medical witnesses to the contrary notwithstanding. Mr. Solicitor General, C.E., insisted that unless the jury could distinctly prove the prisoner not competent to distinguish right from wrong, they would not be justified in acquitting him on the ground of insanity. The Hon. Mr. Justice Panet, in summing up, directed the jury that if they acquitted the prisoner, they could only do so on the ground of insanity, and incapacity of knowing whether he did right or wrong.

COFFEE *versus* TEA.

The berries of the shrub *coffea arabica*, and the leaves of the two varieties of tea plant, *thea viridis*, and *thea bohea*, contain a crystalline, nitrogenous, salifiable base, called respectively, according to the source from which it is obtained, *caffeine* and *theine*. This substance has a composition represented by the formula $C^8 H^5 N^2 O^2$. It has no perceptible effect on the system when administered in the uncombined state. As, however, it has been found existing in plants used by untutored tribes in different parts of the world, for dietetic purposes, writers on organic chemistry have endeavored to explain the manner in which it affords nutrition to the body. Thus Leibig supposes that it may assist in the formation of *taurine*, a nitrogenized body found in bile; for, one equivalent of caffeine or theine, plus nine equivalents of water and nine of oxygen, contain the elements of two atoms of taurine. "2 8-10 grains can give to an ounce of bile the nitrogen it contains in the form of taurine. If an infusion of tea contain no more than the 1-10th of a grain of theine, still, if it contribute in point of fact to the formation of bile, the action of even such a quantity cannot be looked upon as a nullity. Neither can it be denied that, in the case of an excess of non-azotized food, and a deficiency of motion, which is required to cause the change of matter in the tissues, and thus to yield the nitrogenized product which enters into the composition of bile, that in such a condition the health may be benefitted by the use of compounds which are capable of supplying the place of the nitrogenized product, produced in the healthy state of the body, and essential to the production of an important element of respiration. In a chemical sense, caffeine or theine, are, in virtue of their composi-

tion, better adapted to this purpose than all other nitrogenized vegetable products." The well-known nervous symptoms which tea, particularly the green variety, produces when a strong infusion has been used for a length of time, are to be referred to the volatile oil on which its flavor depends.

So universal is the consumption of tea at the present day, the supply could never meet the demand if vast quantities of an adulterated article were not regularly thrown into the market. Not only are the leaves of various plants, possessing astringent properties, made up and mixed with small quantities of tea, but even inferior qualities of the tea leaf are dressed to add to the appearance, and thus facilitate the sale. Now, as the nutritive properties of tea depend upon its theine, and as persons who cannot pay a good price, are almost entirely shut out from the unadulterated article, we are glad to perceive that an efficient substitute has been found in the *coffee leaf*, which, possessing all the good qualities of the tea leaf, is not open to the objection of causing serious nervous derangement; an effect of tea-drinking which has threatened to drive green tea from the list of dietetic drinks. Specimens of the *coffee leaf*, prepared by torrefaction, and *caffeine* extracted therefrom, were exhibited by Dr. Gardner of London, at the Great Exhibition. This gentleman has since taken out a patent for its manufacture, and he has solicited, through the Ceylon papers, tenders for the supply of coffee leaves by the ton. In the London Pharmaceutical Journal, for November, Mr. Hanbury publishes a communication received from Mr. Ward of Padang, in the island of Sumatra, in which he says:—The natives have a prejudice against the use of water as a beverage, asserting that it does not quench the thirst or afford the strength and support the coffee-leaf does. With a little boiled rice and infusion of the coffee leaf, a man will support the labors of the field in rice planting for days and weeks successively, up to the knees in mud, under a burning sun, or drenching rains, which he could not do by the aid of spirituous or fermented liquors. . . . The natives universally prefer the leaf to the berry, giving as a reason that it contains more of the bitter principle, and is more nutritious. The roasted leaf used to form an article of trade betwixt the coffee districts of the interior and the lowlands of the coast, but since the government monopolised the produce, this trade has in a great measure ceased, the natives believing the sale of the leaf, as well as that of the berry, forbidden. In the lowlands, coffee is not planted for the berry, being not sufficiently productive; but the people plant about their houses, for the leaf for their own use, not, however to the extent of the demand. Whilst the culture of the coffee plant for its fruit is limited to particular soils and elevated climates, it may be grown for the leaf, wherever within the tropics the soil is sufficiently fertile. This extensive habitat, added to its nutritive

qualities, and freedom from deleterious principles, points it out as the best adapted of all the productions affording caffeine for general consumption.

PARTURITION MADE EASY.

Accoucheurs who restrain themselves from giving ergot, piously fearing, lest the wielding of so dangerous a lethcon should compromise the safety of the mother or child, or both, will rejoice to find in the following a proposal for a safe, easy and simple substitute. Dr. Washington of Kentucky, from the results of a few trials, has discovered that labour pains of a strong and frequent character may be speedily produced by dry cupping the nates of the female nearly over the termination of the rectum. The most opportune case seems one of protracted labour when the contractions have become so weak as to be powerless, and where there is no mechanical impediment to delivery. We confess to no experience in this procedure, and therefore would merely state that the discoverer says by applying a dry cup as low down on the sacrum as possible he has induced complete relaxation of the os uteri. In one instance the pains had endured 19 hours without producing any perceptible effect, in consequence of rigidity of the os uteri; in 10 minutes after cupping delivery occurred. He applies the cup in this situation "so as to cover the origin of the nerves of the os uteri." If in 10 or 15 minutes the patient is not delivered, another cup "should be applied higher up, so as to cause the uterus to contract." The lower one should be kept on with the upper, so that when the pains appear they may find the os uteri relaxed and ready for them.

TO CORRESPONDENTS.

We request subscribers who have not received one or more of the back numbers to write us, mentioning the numbers missing; and should any fail to receive their copies in future, they will oblige by immediately notifying us of the fact.

Correspondents will please be particular in writing their names and addresses in full, and legibly; from neglect of this we have often had our ingenuity sadly taxed. It is probably not proper to reveal the secrets of our sanctum; but we cannot refrain from mentioning that we have actually received a letter, very polite, and containing money, which bore no signature!

We have received expressions of approbation and wishes for success from so very many friends in different parts of the Province, that it is quite impossible to signalize them individually. Suffice it to say, that to each and every one, our thanks are most gratefully tendered; their kindness encourages us in our toilsome task, which will not be forsaken, so long as the substantial marks of favor we have received are continued. Our own motto will be *perge*, while the result shews the Chronicle stamped with *prospera*.

Dr. R. Fortune. Much obliged for his promise, hope he will be as mindful of it as we shall be: we are anxious he should redeem it.—*Dr. Gauvreau.* Those are our sentiments exactly. Many things are wanted, among others able contributors, and in the list we should wish him to take his stand, confident of his fitness. *Dr. C. F. Baker* will find his request met. When he next writes, would he favor us with a list of M.D.'s in his locale, and thereby make us his obliged debtor. *Dr. Landon.* Glad to be so kindly reminded of bygone days. Our best wishes for his success. When changes residence, advise us of it, so that we may direct accordingly. *Dr. Jarron.* His next is earnestly desired. We leave selection to his own judgment.

ADDITIONAL EXCHANGES.

The Dublin Hospital Gazette. Vol. 1. No. 1. Pp. 16. Published on the 1st and 15th of each month.

We hail with pleasure the appearance of the Dublin Hospital Gazette, and have no doubt, judging from the names of the contributors to the first number, and the hospitals represented, that it will prove a worthy successor to the far-famed "Dublin Hospital Reports." The Irish school is determined to maintain the high character it has acquired for successful investigation in the field of Practical Surgery and Medicine.

The Glasgow Medical Journal. No. 4. Published Quarterly. This number contains original communications from some of the first names in the profession in Glasgow.

The Medical News and Library.

Law Reporter.—We trust our juridical friends will afford this valuable periodical the support necessary for its continuance. Its spirited and talented Editors, Messrs. T. K. Ramsay, and L. S. Morin, have spared no pains to render it in every way deserving of a most extended patronage. *Esto perpetua.*

RETURN of Sick in the Marine and Emigrant Hospital, Quebec, from the 1st January to the 3rd February, 1854, inclusive.

	Men.	Women.	Children.	Total.
Remained,	44	20	1	65
Since admitted,	39	17	1	57
	83	37	2	122
Discharged,	42	18	0	60
Died,	1	2	0	3
Remaining,	40	17	2	59
	83	37	2	122

Fever,	13	Diseases of Skin,	1	Febricula,	2
Inflam. of Lungs,	6	Syphilis,	3	Frost Bite,	6
Inflam. of Liver,	1	Abscess,	5	Ophthalmia,	3
Inflam. of Bowels,	1	Ulcers,	4	Scarlatina,	2
Rheumatism,	5	Contusions,	4	Hysteria,	1

C. E. LEMIEUX, House Surgeon.

Quarterly Report of the Montreal General Hospital from 1st November, 1853, to 31st January, 1854.

Remaining from last Quarter,	54	Discharged cured,	175
Admitted,	193	Died,	20
		Remaining,	52
	247		247

In-Door Patients.		*Out-Door Patients.*	
Males	120	Males	292
Females	73	Females	270
	193		562

Diseases.	Admitted.	Died.	Diseases.	Admitted.	Died.	Diseases.	Admitted.	Died.
Ambustio	1		Diabetes	1		Ophthalmia	4	
Abrasio	1		Erysipelas	1		Peritonitis	1	
Abscess Lumb.	1	1	Epilepsia	1		Pleurodynia	2	
Amenorrhœa	2		Furunculus	1		Pneumonia	5	
Asthma	1		Fractura	8		Pericarditis	1	1
Anasarca	1		Fistula	1		Phthisis	8	5‡
Adenitis	1		Feb. Com. Cont.	6	5†	Psora	1	
Albuminuria	2	2*	" Typhus	8		Pleuritis	1	
Ascites	1		" Typhoid	2		Potts Curvature	1	
Amputatio	1		" Remitt.	3		Paronychia	1	
Bronchitis	8		" Intermitt.	1		Purpura	1	
Corneitis	1		Gastrodynia	2		Rheumatism	9	
Cancer Labia	1		Gelatio	3		Rubeola	2	
Cystitis	1		Gastritis,	1		Sciatica	1	
Conjunctivitis	1		Hysteria	1	1	Syphilis	6	
Contusio	7		Hemplegia	2		" Secondary	4	
Cataract	1		Hernia	1		Synovitis	1	
Concussio Cerebri	1	1	Hypochondriasis	1		Scrofula	2	
Congestio "	1		Lumbago	1		Scarlatina	5	
" Pulmon.	1		Lepra	2		Sclerotitis	1	
Debilitas	2	1	Morbus Cordis	2		Tinea Capitis	1	
Delirium Tremens	6	1	" Coxæ	2		Tetanus	1	1
Diarrhœa	6		Malingering	1		Ulcus	14	
Dysenteria	4		Meningitis Traum.	1		Vulnus	1	
Dyspepsia	3		Neuralgia	1		Variola	6	1
Dysmenorrhœa	1		Osophagitis	3				

* 1 admitted previous Quarter. † 1 Do. do. ‡ 4 Do. do.

Operations during the Quarter.

Amputation of Thigh; Chopart's operation; Polypi extracted, 2. Total, 4.

Fractures treated (intern.), 8, (extern.), 4; Dislocation of Humerus, 1. Total, 13.

Minor Operations.

Opening Abscesses, &c., 16; Bleeding, 6; Cupping, 18; Teeth extracted, 37; Vaccinated, 8. Total, 84.

Attending Physicians, Drs. Crawford & Arnoldi.

John Reddy, M.D., &c., House Phys. & Surg.

Books Received for Review.—A Treatise on the Venereal Disease. By A. Vidal (de Cassis.) Messrs. S. S. & W. Wood, New York.

MEDICAL NEWS.

A physician at the South has been fighting a duel, but no harm was done, his bullets being more harmless than his boluses.—The Mayor of the city of Brooklyn, in his annual message, attributes three-fourths of the crime in that city to drunkenness, and invokes the aid of the City Council to close the grog shops on the Sabbath.—Forty-three deaths by small-pox were reported in New York, week before last.—From a return just published it is shewn that the importation of opium into England has increased. In the month ending 10th October, the quantity was 36,759 lbs.—The Copley Medal of the Royal Society was awarded to Dr. Dove of Berlin: and the Royal Medals to Dr. Darwin, author of "Coral Reefs;" Dr. Tyndall, Professor of Physics in the Royal Institution; Dr. Dove for his works on the "Distribution of Heat over the Surface of Globe;" Dr. Darwin for his work on Natural History; and to Dr. Tyndall for his researches in Magnetism.—At the meeting of the Council on Thursday the 10th Nov., the marble bust by Campbell of the late John Dalrymple was presented to the College of Surgeons of England, by the subscribers to the memorial.—Among the prizes offered by the French Academy for 1854, is one of $200 for the best essay on cod liver oil as a therapeutic agent.—It is stated that the medical men in the Turkish service have become so disgusted at the bad treatment to which they have been subjected, in the shape of improper food, insufficient houseing, and the absence of the respect to which they are entitled, that they are daily leaving the service.—The whole number of students who had matriculated in the Faculty of Medicine of Paris, was, up to the 10th December last, 1,065, of whom only 287 were new. The previous year, by the 15th November, the number was 1,434, of whom 480 were new.—Dr. Vogel, the great German traveller to Central Africa, when last heard from, was working his way successfully into the far off, hitherto unknown interior. He has discovered pyramidal tombs of a very remote age.—It is asserted that the number of cigars consumed in Austria annually, amounts to eight millions.—Four hundred persons afflicted with cancer have been in the Cancer Hospital, London, since 1851, when the institution was first opened.—The stereotype plates and copyright of South's Household Surgery, recently sold at auction in London, brought £229 sterling.—There is at present a mild but extensive epidemic of measles in Edinburgh and its neighborhood, so much so that the Royal Infirmary, where for years very few cases of this disease have been admitted, now contains several in almost every ward.—A Spanish Journal, *El Pouvenir Medice*, relates the extraordinary circumstance of an individual who is an entire stranger to the healing art, having received authority by a royal decree to practice medicine in Barcelona. The *Spanish Medical Press* urges "the profession to protest against this decree and to demand its revocation.—1,751 persons were taken, all whom had attained an hundred years, and were all living at the same time. In one year they had diminished to 1,587, in the second year to 1,442, in the third to 1,280, in the fourth to 1,125, and so on, until, out of the original 1,751, only 143 reached the age of 120; 44 survived to 130; 12 to 140; and one old gentleman completed his 150th year.—The Sandwich Islanders are apparently being exterminated by the small-pox. At the end of last July there had been 2,886 cases, and 1,027 deaths.—The Academy of Science of Paris has received the legacy of 100,000 francs, left it by a generous philanthropist, M. Bréant, as a recompense for him who shall discover the best remedy for cholera. As this is not likely to be soon awarded, it is proposed to give the interest (from £150 to £200) annually, for the most useful discovery connected with cholera. During the first Empire a similar sum was left for the curer of croup, which has not yet been awarded.—An attempt to erect a statue to the celebrated Surgeon Desault, was made by the town of Lure, in Franche Comté, where he was born. Subscription books were distributed throughout France. A great folio book was opened at the office of the *Gazette Médicale* in Paris, to receive contributions, but only one person inserted his name; this was a Monsieur A. L. Roblet, and his subscription amounted to two francs. All honor to M. Roblet.—The Town Council of Birmingham have informed the public, through the medium of advertisements, that they are prepared to receive communications from the gentlemen of the medical profession, to fill the office of Medical Sanitary Inspector, which is *honorary*. The system of gratuitous medical attendance is gradually becoming so great an evil, that it must ultimately work its own cure.

THE

MEDICAL CHRONICLE.

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ORIGINAL COMMUNICATIONS.

ART. XXXVI.—*Statistics of Delirium Tremens amongst the Troops in Canada for the last thirty years, with some observations on the Disease.* By Walter Henry, M.D., Inspector General of Military Hospitals.

My attention having been called to the subject, I caused an examination to be made last summer amongst the records in the Inspector General's Office, with the object of ascertaining whether or not this disease had become more frequent, and more fatal, amongst the troops, in proportion to strength, within the last thirty years. I have divided this time into quinquennial periods, and send a synopsis of the result for the Medical Chronicle; under the impression that the matter is of public and professional, as well as military interest.

TABLE I.

For five years from 1st April 1823 to 31st March, 1828.

Aggregate strength of the troops in Canada for the period, ..	13,841
Average annual strength, ...	2,768
Number of cases of Delirium Tremens, ...	54
Number of deaths, ...	1

Ratio of cases to strength as 1 to 256.
Ratio of deaths to cases as 1 to 54.*

N.B.—Fractions omitted.

TABLE II.

For five years ending 31st March, 1833.

Aggregate strength of the troops.....	15,763
Average annual strength.....	3,152
Number of cases.....	140
Number of deaths.....	10

Ratio of cases to strength as 1 to 113.
Ratio of deaths to cases as 1 to 14.

* As the disease was not so accurately diagnosed thirty years ago as at a later period, it is probable that this table does not comprize all the fatal cases that occurred; and that those omitted were returned under some other head.

TABLE III.

For five years ending 31st March, 1838.

Aggregate strength of the troops.....15,674
Average annual strength..... 3,135
Number of cases..... 59
Number of deaths..... 5

Ratio of cases to strength as 1 to 265.
Ratio of deaths to cases as 1 to 12.

TABLE IV.

Five years ending 31st March, 1843.

Aggregate strength of the troops.....56,188
Average annual strength.....11,237
Number of cases..... 411
Number of deaths..... 36

Ratio of cases to strength as 1 to 136.
Ratio of deaths to cases as 1 to 11.

TABLE V.

Five years ending 31st March, 1848.

Aggregate strength of the troops.....35,567
Average annual strength..... 7,113
Number of cases..... 596
Number of deaths..... 41

Ratio of cases to strength as 1 to 60.
Ratio of deaths to cases as 1 to 14.

TABLE VI.

Five years ending 31st March, 1853.

Aggregate strength of the troops.....27,912
Average annual strength..... 5,582
Number of cases..... 509
Number of deaths..... 50

Ratio of cases to strength as 1 to 54.
Ratio of deaths to cases as 1 to 10.

RECAPITULATION.

Number of cases of Delirium tremens in thirty years..... 1769
Number of deaths..... 143

Ratio of cases to strength, first fifteen years, as 1 to 175.
Do., second fifteen years, as 1 to 75.
Do., the whole thirty years, as 1 to 93.
Ratio of deaths to cases, first fifteen years, as 1 to 16.*
Do., second fifteen years, as 1 to 12.
Do., the whole thirty years, as 1 to 12½.

* Vide Note to Table I.

REMARKS.

Having had large experience in Delirium tremens in different parts of the world, during long service; transmitted many cases of it to the Director General of the Army Medical Department; and, at his desire, a few years ago, having prepared for his information an elaborate report on the disease, with a digest of the reports of sixteen medical officers under my superintendence in the Nova Scotia Command, I trust I may, without presumption, append here a few observations.

Delirium tremens, as madness from habitual intemperance in intoxicating drink is now generally called—following the designation first applied to it by Dr. Sutton—appears to be quite a modern disease, as far as relates to its distinct diagnosis and proper treatment. It no doubt existed, but was confounded with other cerebral maladies, even so late as a hundred years ago; and was unknown and undistinguished from them in ancient times. No description of it as a specific disease, is to be found in the works of Hippocrates, Celsus, Galen, or any other Greek or Latin medical writer; and the Arabian school is also silent regarding it. And though a modern writer, Dr. Blake, is of opinion that, as the Father of Medicine, and others of the early Greek Physicians, have described its most prominent symptoms, they must have seen cases of the malady, the general professional belief is that this is a mistake; and that the passages cited from their works, in confirmation of Dr. Blake's idea, refer to phrenitis or mania.

There is, perhaps, a good reason for the silence of the ancients respecting this disease, to which modern medical writers do not attach as much weight as it deserves. Delirium tremens is rarely found in wine-drinking countries, where the wine is drunk pure and unmixed with brandy; and, in all probability, owes its existence to the discovery of alcohol. It is not strange, therefore, that we hear nothing of a complaint which may not have afflicted men for their sins in early Greece and Rome.

At the present time the disease is chiefly to be found in spirit-drinking, or opium-eating regions. In France, Italy, Spain and Portugal it is seldom met, except in the large seaports, where the population is vitiated, and taught to require a stronger stimulus than common wine. The Germans are great beer and wine-bibbers, but they rarely muddle in weak beer or washy wine, to the extent of contracting this drunken madness. In Sweden, where spirits are drunk largely, Delirium tremens is a common disease, as well as a miniature species not found elsewhere. In more temperate Norway, Denmark, and European as well as Asiatic Russia, it is also met, but more rarely. And in Canada, and the other British American Provinces, the abundance and cheapness of the worst kind of deleterious spirits offer inducements to intemperance that soldiers and laborers cannot withstand; which with bad brandy, in some-

what higher circles, combines in destroying hundreds by the consequent Delirium tremens.

Although drunkenness abounded in the army during the campaigns of William the First, the Duke of Marlborough, the Duke of Cumberland, and George the Second, and "our men" drank deeply, as well as "swore terribly in Flanders," we hear nothing of the disease in the works of contemporary medical writers; yet we may presume that many cases must have occurred, and passed undistinguished from other affections of the brain. At the siege of Quebec, I believe, there is no record of its occurrence amongst the besiegers; although they were so intemperate that it was necessary for General Wolfe to direct in orders that so many *sober* men should be paraded for a particular duty.*

Indeed, until about the beginning of the present century, little was known of Delirium tremens, as a distinct and definite disease; and it continued to be confounded with cerebral maladies of a very different character, and demanding different and opposite treatment. And we may well imagine how often fatal results must have ensued bleeding in this asthenic complaint. In the early Peninsular campaigns of the Duke of Wellington, it was often slurred over in the returns of Medical Officers as "Ebriositus," "Dyspepsia," "Phrenitis," or "Mania;" whilst the soldiers, with much propriety and discrimination, called the disease "the horrors."

Dr. Blake, and one or two other authors, assert that the cessation of stimulating drink is the immediate cause of the disease. Judging from an experience derived from several hundred cases, and the known opinions of several medical friends, I am inclined to believe that this is quite erroneous; and that the number of instances of Delirium tremens arising from continued stimulation, compared with those resulting from its cessation, is at least twenty to one.

Sots, or muddlers, who generally keep clear of absolute drunkenness, are especially predisposed to the disease, when they exceed a little in their potations, and approach too close to full intoxication.

In the few cases of traumatic Delirium tremens that have come under my notice, there was reason to believe that a tendency to contract the disease existed, arising from previous habits of intemperance; or, in the more sounding language of a work of great merit, "in whose constitutions the *ebriostatic diathesis* had been established by frequent excesses."†

* The writer has seen an order book of General Wolfe, during the siege of Quebec, containing several such orders. But none of this kind immediately preceded the mounting of the heights of Abraham, when the excitement of the coming fight appears to have extinguished all desire for drink. This is exactly what took place on the eve of the great battles in the Peninsula.

†Cyclopædia of Practical Medicine, including italics.

The chief causes of the disease are intemperance in spirituous drink, strong wine, opium, and tobacco.

The pathology of Delirium tremens may still, I believe, be considered a questio vexata, the bulk of authors having confessed they did not understand it. It is generally considered a disease of exhausted nervous power, or asthenic irritability of the nervous system, produced by over stimulation. Post mortem examinations have not much elucidated the subject, because death is often the result of meningeal inflammation, in which the nervous disease merges; and in cases where the kidneys cease to act, and where coma and its fatal result arise from urea in the blood, much care and skill are necessary for its detection.

As the diarrhœa, which so often warns of malignant cholera, may be readily cured by proper medicine, and the dangerous attack averted, so, in the premonitory stage of this malady, a manly effort, aided by a little medicine, may save both the reason and the life. When the tippling of the sot, or the outright intemperance of the drunkard, are about to end in this disgraceful disease, the poor slave of evil habits will sometimes be induced to make a great effort, and break his chain; but at first he will feel himself most miserable: relaxation and debility have succeeded artificial tension and strength; whilst the stomach craves its customary stimulus, and some substitute must be found. According to my experience, Gentian, as below, is the best medicine under these circumstances.* If the patient can be persuaded to take it regularly for a week, his morbid craving for stimulating drink will be abated, the tone of his stomach improved, his moral dejection lessened, and he will feel himself a new man. Of course, this applies only to persons in whom organic mischief has not yet taken place.

Unfortunately, the medical man is seldom called in before the Delirium tremens has commenced, or even lasted some hours. Several authorities recommend a mild purgative as the first medicine, and that only when constipation is present. My practice, and that of my military medical friends, has been different. In common with authors of high repute,† we have preferred giving as a preliminary, in all cases where delirium has set in, some brisk and active purgative; croton oil, for instance. Some writers ascribe specific qualities to this oil in the disease. Without asserting this, I am persuaded that it is a most valuable medicine, when administered in an early stage. Much time is

* ℞—Infusi gentiani comp. ʒ xij.
Tincturæ ejusdem 3 v.
Sulphat magnesiæ 3 iij. vel. iv. *M.*
Signa.
"A common wine glassful the first thing in the morning, again at mid-day, and in the evening."

†Dr. Abercrombie, Sir Charles Forbes, and others.

gained by its rapid action, where time is precious; and it appears preferable to other purgatives in abating the torpor left in the stomach and duodenum by repeated spirituous stimulation, and restoring normal peristaltic action in the whole intestines. Long experience of its efficacy has induced me, of late years, to give a couple of drops always as the first medicine.

When the bowels have been fully evacuated—but not before—the patient is in a proper state to commence taking some preparation of opium. Indeed, sometimes, when the croton oil is given, he will not need opium; for I have seen a few instances in which the oil alone sufficed for cure; but of course this cannot be generally expected. Liquid preparations of opium appear to be most convenient and effectual; and the common tincture, given in bottled porter, is as good as any.

In the early part of my life I occasionally combined tartrate of antimony with the narcotic; but finding, or believing, that this disturbed and suspended its soporiferous effect, I have for many years administered the opium alone.

The narcotic dose, I think, should be moderate; given every hour, and not increased. Care should be taken not to administer what are called "heroic doses," nor to continue too long the exhibition of moderate quantities; and I have seen fatal results from both practices. When, after forty or fifty hours, the patient continues without sleep, jactitating, raving, and talking himself hoarse, it will be proper to leave off medicine entirely for some hours; and not unfrequently, after such interval, sleep and recovery will follow. If not, a cold douche on the head should be tried, and kept up for a considerable time. If this also fails, the administration of chloroform by the stomach, or its inhalation, still remains. The latter appears preferable; and several instances are on record of recovery by inhaling chloroform when every thing else had failed.

The writer has found the simple plan here recommended successful in a large number of cases of delirium tremens, and unsuccessful in very few. During twelve years, in which he was surgeon of a Regiment of the Line in Canada, he attended a hundred and three men ill of the disease, all of whom recovered but two, both of whom had diseased livers. Unless coma supervened, blisters were never used; but the head was often shaved, and wet linen applied.

Patients are usually harmless, and coercion is seldom necessary; but they should be amused as much as possible, and sedulously watched. Sometimes they are violent and dangerous, and require personal restraint, to prevent mischief to themselves and others. A little management is often required to induce them to submit quietly to coercion. Many years ago, in Quebec, the writer attended a Canadian

gentleman ill of delirium tremens, who became dangerously violent, in consultation with a physician of the city. Being a great rider and sportsman, he was induced to put on a strait waistcoat, on the representation that it was a newly invented riding jacket, which fitted tightly, to support the chest and back. Under the hallucination that a match had been made, and that he was about to ride a race, the patient wore this thirty-six hours, whilst all medicine was suspended, and he took nothing but cold water. He gradually fell asleep, the tightness about his body was relaxed, he slept fourteen hours, and awoke in his right mind.

Montreal, March 4, 1854.

ART. XXXVII.—*An interesting Case of Identity.* By C. Frémont, M.D., Lecturer on Surgery, Quebec School of Medicine, &c.

On the 7th July, 1846, I was requested by the Coroner of this district to accompany him to some distance in the forest, in the rear of the Township of Stoneham, where an inquest was to be held on some human remains, accidentally discovered by a man the day before. After removing about five inches of partially decomposed leaves, a skeleton fully dressed in man's clothing was discovered. The position was, of course, recumbent, legs extended, with the head resting on the right arm, and the face inclined towards the earth.

The clothes, which were such as usually worn by old countrymen, were cut open, so as not to disturb the position of the disconnected portions of the skeleton.

The size of bones and the measurement of the pelvis, left no doubt of its being the skeleton of a man.

Its length was 5 feet 9½ inches. No injury of the head nor of the other bones was perceptible.

The small bones of the extremities had disappeared, and were supposed to have been carried away by some of the many carnivorous animals inhabiting these woods. The woollen cap on the head contained a large quantity of hair of a light color. Suspended to the neck there was found a medal of the blessed Virgin and a small crucifix. A pipe, some tobacco, and a well-filled *housewife*, and beads, with 1s. 8½d. in money, were found in the pockets.

The teeth were little worn; they were sound, and were complete, with the exception of one of the molares, which had been extracted.

The left acetabulum, and the head of the thigh bone of the same side, gave signs of long standing disease. These signs were the remains of caries of the acetabulum, and a diminished size of the head of the femur,

with a porous condition of the head and neck of this bone. This must have rendered locomotion extremely painful and even impossible, unless with the assistance of a crutch or a stick, which would enable the individual to throw the greater part of his weight forward.

Search was made, and a stick, much worn on one side at its lower end, and with a cross-piece at its upper end, so as to use both hands in moving along, was found, under the same depth of leaves, at a few yards' distance from the skeleton.

From the above circumstances, I came to the following conclusions:

That these were the remains of a man, probably an emigrant, a Roman Catholic, between 30 and 35 years of age; in height, when living, 5 feet 10 inches; light hair; blue eyes; most likely thin and emaciated; no doubt in distressed pecuniary circumstances, who smoked, and who must have suffered from diseased hip-joint for at least a year before his death; who was very lame, and who must have walked miserably supported by means of a stick which he used with both hands, moving it *before him*, not on one side; that he must have died at least two years before, most probably from starvation, or if in winter, frozen to death on the spot where the remains were found.

One of the jurymen, after hearing the above declaration, recollected that about three years before, a man answering to the description had lived for some time a few miles off in another settlement, and that a widow woman, at whose house he had lived, might possibly throw some light as to the identity of the individual. She was sent for, and recognised the *house-wife* as the one she had made and fitted up, and that the description answered perfectly as to age, size, previous state of health and condition of a man named Fergus Kelly, who had lived, in 1843, for some months at her house, in great suffering, and had left it late in the autumn to endeavor to obtain admission in the Quebec Marine Hospital, and not having since been heard of, was supposed to have died there.

The verdict was, "That the remains were those of Fergus Kelly, who came to his death in the forest, not from any violence offered to his person, but probably from exhaustion, in consequence of his incapacity to reach the habitations in the neighborhood of the spot where his remains were found."

ART. XXXVIII.—*Case of Ovarian Dropsy, simulating Pregnancy.* By F. D. Gilbert, M.R.C.S.L., &c., Hatley.

April 21st, 1853, I was sent for to attend Mrs. Thos. Burns, about 24 years of age, residing some 14 or 15 miles distant, but owing to previous engagements I could not attend. On the 22nd another messenger arrived, stating that Dr. ——— (a party who practices in midwifery and

minor cases on the outskirts of the settlements, and is quite an unassuming person) had been in attendance nearly three days, and was very desirous of my assistance. On reaching the house I found the patient apparently suffering tolerably strong and regular labour pains—very large abdomen, though a small slightly formed woman. I asked how long she had been in labour and was told three days, and that the pains had been tolerably regular and at times very strong. As soon as I had warmed myself, therefore, I proceeded to make a vaginal examination, but neither with the index finger of my right hand, or with the two forefingers of my left, could I reach the os uteri. I therefore proceeded to make an examination of the abdomen, which was very large and evidently contained a large amount of fluid. This roused my suspicions, and I proceeded to examine the breasts: they contained milk which I drew from them in small quantity. There was also a perfect areola with the glandular follicles quite prominent; and the patient, who had borne a child about two years before, positively declared she had felt the motions of the child for the last four or five months, though on questioning her closely she acknowledged the motion was different to that in her former pregnancy. I now determined to find the os uteri, though it was rendered very difficult owing to the dry and rigid state of the vagina—though Dr. ——— assured me this passage had been in a state of relaxation the day before. This probably was the case, but owing to his numerous attempts to examine the mouth of the womb, it had become hot and dry. I therefore injected a little warm oil, and directed the patient to be taken out of bed and supported in an erect posture for a few minutes, and then proceeded to make another vaginal examination with the index and middle fingers of my left hand, when by using considerable exertion I succeeded in reaching the os uteri, but with every contrivance short of introducing my whole hand, which the state of the parts forbade, I was unable to trace the neck of the uterus above a quarter or half an inch from the mouth. The state of the latter was however sufficient to indicate clearly that if pregnant at all the patient was not more than four or five months advanced at furthest. I therefore directed her to be placed in bed again, and assured her she was not in labour. This statement was evidently discredited by the whole party, patient, nurses, &c. I then questioned her more closely, and learned she had ceased to menstruate nine months previously, and from soon after that time had gradually increased in size, and that some four or five months since she had first felt what she considered to be the motions of the child, and that she had continued to feel them occasionally ever since. (This must either have been the rolling of the sac or the fluctuation in it, or altogether imaginary.) Now, therefore, taking into consideration that she had ceased to menstruate for nine months, and

that the ovarian cyst commenced enlarging about that time, I considered it most probable, as she certainly was not more than four or five months advanced in pregnancy, as proved by the state of the os and as far as I could ascertain the cervix uteri, that she was not pregnant at all, as though it was well known a woman may possibly become pregnant with one or even both ovaries in a state of disease, yet the probabilities, particularly in the absence of menstruation, are certainly against it. As she was suffering somewhat from dyspnœa, caused by the excessively distended abdomen pressing on the thoracic viscera, I administered ½ grain of the acetate of morphia, and advised her, as soon as the pains had ceased and she had recovered from the exhaustion induced by her long suffering, to be tapped. I left her some more morphia to be given in ¼ grain doses every two hours till it procured rest, and returned home. I did not see her again till the 18th of May, when I was called in conjunction with Dr. Damon of this place. When we arrived we examined the case closely again. I learnt that after taking a grain of morphia the pains had ceased and had not since returned. The breasts, however, were still enlarged, and she yet declared she felt the same motions. However, Dr. Damon agreeing with my former diagnosis, and the dyspnœa having become extremely urgent, she consented to be tapped, and I drew off 30 lb of pale straw coloured fluid, which gave her immediate relief, and reduced her to almost her natural size. In short, there was no pregnancy whatever, as I tapped her from time to time and administered to her relief as well as I could up to the time of her death, which did not occur for upwards of 18 months after.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XXXII.—*A Treatise on the Diseases of the Eye.* By W. Lawrence, F.R.S., Surgeon Extraordinary to the Queen; Surg. to St. Bartholomew's Hospital, and Lecturer on Surgery at that Hospital; Surgeon to Bethlem and Bridewell Hospital; and late Surgeon to the London Ophthalmic Infirmary. A new Edition. Edited, with numerous additions, and Two Hundred and Forty-Three Illustrations, by Isaac Hays, M.D., Surgeon to Will's Hospital; Fellow of the Philadelphia College of Physicians; Member of the American Medical Association, etc. etc. etc. Pp. 948. Philadelphia: Blanchard & Lea. Montreal: B. Dawson.

Philosophically, anatomically, or physiologically considered what a

wonderful organ is the eye. In no part of the body is that beautiful harmony of varied though concurrent actions, that adaptivity of diverse means to the accomplishment of a definite end, which continuing in undisturbed succession throughout ages, evidences the operation of Supreme wisdom, more markedly exhibited than in the apparatus of vision. A slight addition to, or substraction from, the diameters of the eye; an opacity of the transparent membrane; a deficiency of the pigment; thickening of any of the several refracting humours; or absence of power in the muscles of the globe, would suffice to make it entirely unfit for the purposes for which it is intended. But, except as the result of diseased action, how seldom is there any deviation from the condition of normality—that typical state which was impressed upon it at the time when the mind of man first looked forth on the beauty of the world in which he was placed. As an optical instrument, the eye is the very perfection of compactness, power and efficiency. Spherical aberration is prevented by the convex cornea; and the different dispersive powers of the transparent structures serve in a measure to correct chromatic aberration.—How exquisite must be that arrangement by which it adapts itself to varying ranges of vision, and how inconceivably minute must the image of the separate portions of an extended landscape be upon the retina?

Possessing in its investments and appendages nearly all the kinds of tissues of which the body is made up, the pathology of the eye must necessarily be a subject of great interest to the medical practioner. And so we find it has always been. The importance of unimpaired sight to an individual, and the sad condition of him from whom the light of heaven is shut out, assisted materially, no doubt, in attracting attention to the diseases of the eye. The circumstance, moreover, that these diseases are nearly all visible, and susceptible of direct examination, led to their early examination. As a speciality, ophthalmic surgery, according to our author, is not of modern date. It is coeval with the practice of medicine. "We find from Herodotus that Cyrus sent to Amasis, the King of Egypt, for an oculist. The Greeks and Romans had their oculists, as is evident, not only from their writings, but from the inscriptions on ancient marbles and seals. There is no doubt that oculists were at least as numerous in ancient Rome as in any modern city."

Until the latter end of the eighteenth century, when Soemmering published his *Icones Oculi Humani*, ophthalmalogical literature was quite uncultivated. Since that time, this department of medical science has received, particularly from the German and British schools, a great deal of attention; and we now possess large and elaborate works on diseases of the eye, many of them containing excellent representations of the appearances presented by the organ under different pathological states.—The volume which now lies before us is a very excellent work on the

subject of which it treats. The original edition was incomplete in many respects, and did not fairly represent the present condition of ophthalmic medicine. Under the editorship of Dr. Hays, the new, or American, edition has been enriched by numerous and valuable additions, which greatly increase the size of the volume and give it the character of an entirely new work. From his position as Editor of the American Quarterly, and the experience that he had acquired from "more than a third of a century's" connection with some public ophthalmic institution, Dr. H. was peculiarly fitted for the task which he assumed, and which he has so ably accomplished.

We shall now proceed to notice, in a brief manner, two or three of the practical points treated of. After the subsidence of purulent ophthalmia, it is apt to leave behind it a condition of the lids termed "granular lids," and which consists essentially of an hypertrophied condition of the papillæ of the palpebral mucous membrane. This affection does not appear to be any better understood in some parts of Canada than in parts of the United States, for we have frequently seen persons in Montreal with this disease, who had previously been treated for something altogether different. The granulations are usually situated on the upper lid. They vary considerably in appearance: "1. The conjunctiva, instead of its natural smooth, polished surface, becomes villous. 2. It resembles an ulcerated surface, the granulations sometimes being small and pale, at others large and flabby, and bleeding on the slightest touch. 3. The granulations have a warty appearance, are firm, pale, cut like cartilage, and yield little blood. 4. The conjunctiva is thickened and fissured something like the surface of a mulberry, and this appearance we have observed most frequently on the fold of the conjunctiva where it passes from the lower lid to the eyeball." (Ed. p. 286.) A great variety of local applications have been recommended for granular lids, than which there cannot be stronger proof of its intractibility. When the granulations are very florid, scarifications may be beneficially employed. Walther's plan of excising the enlarged papillæ we consider rather mischievous than otherwise. We have seen as much success attend the local application of the sulphate of copper as that of any other caustic. There is a circumstance to be attended to in applying this or any other solid substance to the lids, which we would enforce on the attention of our readers; and that is, not to apply it solely to the portion of membrane made visible by the evertion of the lid, but pass it underneath, as far back as the point where the ocular and palpebral conjunctivæ meet. It is not the first time we have observed the granulations on the exposed part disappear under treatment, while the cornea still remained nebulous, and the mass of tortuous vessels running over the conjunctiva of the globe exhibited no signs of diminishing in size; and this entirely owing

to the presence of a small group of granulations occupying that portion of membrane to which we have directed attention. Nitrate of silver, in substance and solution; finely powdered acetate of lead; liquor plumbi diacetatis; dilute muriatic and nitric acid, have each been strongly recommended. Caustic applications should not be repeated oftener than once in three or four days. Dr. Hays, "led, by the favorable reports of the efficacy of the iodide of zinc in reducing enlargement of the tonsils, to try this application in a few cases of greatly thickened conjunctiva of long standing, which had proved rebellious to various remedies," was so satisfied with the result, that he strongly recommends it to the attention of the profession. M. Tavignot has made extensive use of the chloride of sodium in this and other affections of the eye. He uses it in the *solid* form, applied to the lid by means of a large crystal fastened in a quill, or as a very fine powder; in the form of *ointment*, made in the proportions of 1 to 4 drachms of common salt to the ounce of lard; in the form of *collyrium*, the strength varying from 1 to 3 drachms to the ounce of water. The latter preparation he considers the most effectual, and esteems it highly as an application in ulcerated cornea. Constitutional treatment must be carefully attended to. That of a tonic and alterative kind will, in the great majority of cases, be found to be indicated.

In the operation for staphyloma, as commonly performed, the crystalline lens and the greater portion of the vitreous humour usually escape, either immediately or a short time subsequently. As it is of importance to preserve a globe large enough to receive an artificial eye, we prefer, and would recommend, the operation which we saw Mr. Wilde repeatedly perform in St. Mark's Hospital. He first passes three long, slender, curved needles, threaded with fine silk, through the base of the staphylomatous portion. These fix the eye. He next divides the projecting part in front of the needles; and lastly, drawing the needles through, he brings the divided surfaces in apposition, by means of the three ligatures.

In the diagnosis between cataract and glaucoma, the catoptrical phenomena exhibited by the eye are now acknowledged to be of great importance. If a lighted candle be held before a healthy eye, three images of it are visible, two upright and one inverted. This is in accordance with the laws governing the disposition of light when it falls on surfaces. "The cornea presenting a regular, polished, *convex* surface, reflects an erect and diminished image, which moves in the same direction as the candle when this latter is carried laterally.....The anterior crystalline capsule having a surface similar to the cornea, reflects a similar image. This image, is, however, larger, being magnified by the aqueous humour and cornea through which it is seen. It is also much paler and less distinct.....The posterior crystalline capsule presents a

concave surface—the image reflected from it is inverted, diminished, appears before it, and moves in a direction opposite to that of the candle, when the latter is carried laterally in front of the eye. This image is the smaller of the three; is very bright and distinct, and appears anterior to that formed by the anterior crystalline capsule, but posterior to the corneal image. The images will be most distinctly seen when the pupil is well dilated, the room darkened, and the observer seated in front of the patient, so that he may look down into the eye rather than up." (Ed. p. 93.) When the catoptric examination is instituted in cases of cataract, it is found that, "in the early stages of lenticular cataract, the brilliancy and distinctness of the inverted image are diminished; it has no longer a sharp and well-defined margin, but its outline appears shaded off. This image gradually fades with the increase of the opacity; and long before the cataract is mature, the inverted image is obliterated. The deep erect image is also indistinct in the advanced stages, the anterior surface of the capsule giving only a general reflection. . . . . In capsulo-lenticular cataract, the inverted image fades much earlier than in mere lenticular cataract, a very slight degree of opacity of the capsule sufficing to destroy its function of reflection." (Ed. p. 675.)

We have heard surgeons speak slightingly of the anterior operation through the cornea, but, as it is performed by Dr. Jacob, who has for many years strongly advocated this treatment of cataract, it proves as successful, if not more so, than the treatment either by extraction or depression. The great objections, in our estimation, to *Keratonyxis*, are, the time that must elapse before absorption of the lens can take place after it is exposed to the action of the aqueous humour, and the necessity that exists for frequent repetition of the operation. "But these," as Dr. Jacob remarks, "which may be very valid objections on the part of metropolitan oculists, many of whose patients come from a distance, cannot be considered of great importance elsewhere, the disadvantage of delay being counterbalanced by the greater security afforded by the mildness of the operation."*

There is one circumstance likely to occur after this operation, which the surgeon would do well to keep in mind, and be prepared for, as it is certain to alarm the patient and his friends. "This is a distressing nausea and vomiting which seizes the patient, generally in the middle of the night of the day of the operation, and continues for many hours, and even more or less during the next day. I attribute it to the pressure of the fragments of the broken-up lens on the iris, and find that it is not followed by destructive consequences. I generally order an opiate to be taken when it commences, or direct the attendants to be prepared

*On the operation for Cataract with the fine needle through the cornea, p. 6.

with some effervescing draughts, and to assure the patient that there is nothing dangerous, or unusual in the occurrence." (Jacob op. cit. p. 30.)

XXXIII.—*Functional and Sympathetic Affections of the Heart.* By J. W. Corson, M.D., late Physician to the Brooklyn City Hospital, Physician to the N. Y. Dispensary. Pp. 31. 1854. From the Author.

The writer says in his opening paragraph—" It has latterly become a fearful thing, after certain taps on the chest, and listening through a mysterious tube, to pronounce in the patient's hearing, '*Disease of the Heart.*' For reasons that will appear, we venture in preface a frank confession of delusions and difficulties. We can make almost any man's heart palpitate by simply saying it has something wrong. It is taken as a hint to make a will, or a soft professional whisper, 'Thou shalt surely die!'"

He classifies " the delusions and difficulties" into,—1. Congestion; 2. Irritation; and 3. Debility of the Heart, and considers each in a variety of forms. His observations are interesting, and interlarded with original cases well deserving of careful study. The following, while " it explains itself," is given in illustration of " *Emotional Debility of the Heart.*"

" *Cardiac Debility—Grief—Amenorrhœa—Phthisis.*—A young lady, aged 19, English, fair, delicate, frequently sighing, having been forcibly separated from her lover by parental authority, on emigrating, consulted me in 1845 for *faintness on slight exertion, palpitation and fluttering, velvety impulse of the heart*, otherwise natural, accompanied by suppression of menstruation. Silent and sad,

> 'She never told her love,
> But let concealment, like a worm i' the bud,
> Feed on her damask cheek.'

" Suspecting something from her manner, I learned her story from a sister, with the addition, that her friends were often obliged to watch her as she wandered on the beach, broken-hearted, to gaze on the sea. Chalybeates and the usual restoratives were tried in vain. A few months after, with a suspicious cough, came the signs of tubercular softening; and, in the wreck of beauty we sometimes see, with the alabaster forehead, the pearly eye, and hectic flush of the cheek, she gently wasted away with consumption."

XXXIV.—*Doctors Commons.* An Ethic Address, delivered before the Burlington Medical Society, January, 1854. By S. W. Butler, M.D., President of the Society. From the Author.

If the Æsculapian Knights of Burlington would only adopt the admirable suggestions contained in this energetic appeal, we have no doubt the voice of contention would cease to be heard among them, and in its place that of science exclaiming "*excelsior.*"

XXXV.—*A Reply to the Attacks of Dr. Charles Caldwell.* By Lunsford P. Yandell, Louisville. From the Author.

We meddle not with private squabbles, desirous of avoiding the fate of the hero, who

"——————— limping from the fray,
By both sides mangl'd, sneaked away."

CLINICAL LECTURE.

Clinical Lecture on Carotid Aneurism. By Samuel Solly, F.R.S., Surgeon to St. Thomas' Hospital.

(Condensed from the Lancet.)

This disease may be fatal, notwithstanding the most skilful operation. The immediate progress may be as you wish it, but when you think danger is passed, inflammation attacks the sac and your efforts are abortive. Do not then think lightly of such cases. Let your prognosis be extremely guarded, and while you encourage the patient inform his friends of his great uncertainty and danger. The case you have seen is in point.

C. B., 60, admitted 19th Oct., 1853, florid, stout, low sized, with short thick neck; has a large tumor on the right side of neck, from two inches above the clavicle to within an inch of the ear, about 3 inches wide in the centre, it pulsates strongly. He is temperate. His health always good up to a year ago, when from care and watching it gave way, gradually declining till 10 weeks since when he was unable to go out. Then he had diarrhœa for 14 days, after which he felt greatly better. 6 weeks previously had soreness in left side of throat. In a few days it went to the other side and was so bad as to hinder swallowing. A month ago a swelling began in the top of the right side and soon got as big as a hen's egg. Now he felt much, darting pain in head, chiefly at the vortex: and his only easy posture was the dorsal. Habituated to carry heavy weights on shoulder, but knows of no strain or exciting cause. These symptoms were put down to sore throat and treated by poultices, ointments, &c., but uselessly. After the first week of the lump a hacking cough came

on as if from irritation in the trachea. On the 6th he tried change of air and seeing a new Doctor learned his real disease. 20th, took pil. rhei. co. ij. which acted well and relieved his head.

The formation of this aneurism has been most rapid,—a most important feature—nearly as rapid as Mr. Tuffnell's case where a tumor in the ham attained the size of a turkey's egg in 8 days, and that of a florence flask in 40 hours after. When the case is so far advanced no mistake can occur; but not so in the earliest stage, for then it might be taken for rheumatism, and quite independantly of carelessness. In 5 known cases the tumor got very large in 14 days from this incipient uneasiness.

On the 22nd, Mr. S. tied the common carotid. While the neck was on the stretch and man on his back, an oblique cut, 2¼ inches long, was made from above downwards along the edge of the sterno mastoid, ending over upper edge of sternum. The skin, platysma and superficial fascia, were divided in the first cut; the wound being opened by retractors, the deep cervical fascia and some veins (ant. jugular or thyroid) were cut. After these, the fascia tieing the omohyoid and clavicle was cut. The thyroid body overlapping the artery, was then turned inwards. The sheath was next opened, avoiding the descendens noni, and not exposing the jugular vein or par vagum. The needle was carried from without inwards, and the artery tied opposite the middle of the thyroid gland. The tumor directly diminished, and ceased to pulsate. Wound closed with two sutures and strapping. The artery was very deep; its connexions were not disturbed, a very important point, as J. Bell first shewed; for as union is to be by first intention, the inner coat is cut by the ligature, and the opposed edges joined by the nutritive action of the vasa vasorum; but if these be bruised and torn, union is prevented. When then you have hooked the artery, do not treat it like a fish by drawing it up to public gaze. By cutting on the inner side of the sheath, you will generally avoid exposing the vein and thus lessen the risk of Phlebitis.. The vein may inflame when not exposed, as occurred in Mr. Green's last operation here. This accident is usually fatal —watch for its signs, and try to arrest it by leeches, calomel and opium. Be sure the incision is on the edge of the muscle and does not wound it. I once saw the ligature inserted between its fibres, abscess involving the artery, and death from hemorrhage followed. Chloroform was withheld lest the cerebral circulation might be disturbed. The ligature causes the same effect, and sometimes fatally. Dr. N. Chevers (Medical Gazette, Vol. XXXVI.) found 11 fatal of 14 obliterations of one carotid from interference with circulation, hence, he says, the danger of cerebral disorganization must be considered before the operation, and exclude this expedient from cases not positively threatening life and otherwise curable.

After the operation he seemed comfortable; pulse quiet; no head symptoms; slept well. Slight oozing from wound during night.

23rd, 10, A.M., had a good night; no headache; relished breakfast; pulse 76; pulsation in tumor. 4, P.M.: pulse 90, soft; face flushed; slight redness round wound; cough troublesome. 24th, 9, A.M.: had a good night; cough easier; no head symptoms; pulse 84. Ordered cough mixture. 4, P. M.: pulse 96, soft and full; likes food; bowels

confined. Rhei et cal. gr. x. nocte. 9, P. M.: pulse 102, soft; dozed a good deal to-day, and has been slight oozing. At 1, sutures removed, wound dressed, and looked healthy. 25th, 9, A.M.: pulse 90; collateral circulation fully established, as the facial and occipital can easily be felt; slept well; cough better; no bleeding. 2, P. M.: pulse 100, soft and compressible; feels well; bowels open. 26th: pulse 84; no headache; bowels not opened; cough easier. 27th: has not slept well; pulse 80, rather bounding but 88, and less so in the evening; wound healthy; bowels free; appetite middling. 28th: had a good night; pulse 84; tongue moist but brown in centre; wound discharging freely. 29th: pulse 85, soft; slept well; cough easier; appetite good. 30th: bowels moved for first time since 27th, after an enema and gr. x. of Pulv. Rhei. et Cal. 31st: pulse 86; feels well; mutton for dinner. Nov. 1: improving; pulse 84; no headache; wound healing. 2nd: discharge less; sleeps well; pulse 80; tongue moist; bowels regular; appetite good; cough less. 4th: Last night had a fit of coughing; ligature removed; very slight pulsation in tumor. 5th: wound healing; general state satisfactory. 6th and 7th: better. 8th: tumor harder; no pulsation; pulse 80; eats and sleeps well; takes Pil. Rhei Co. gr. x. every night. 10th: improving; wound nearly healed.

Pneumonia, which not unfrequently follows this operation, did not occur On this result, M. Robert (de Lamballe) first wrote, and subsequently Mr. Miller. M. Robert has shown that ligature of both carotids in animals is not fatal, but, as the vertebrals are the chief arteries of their brains, and the internal carotids only half the size of the external from the smallness of the middle lobes, it would be unsafe to suppose that both carotids could be safely tied in man, in whom the arteries are different. His proofs of the danger to the lungs are important, and Mr. M. concludes that this is due to congestion from sudden disturbance of circulation, which, if rapid and extensive, may end in apoplexy, or in inflammation more or less destructive. To avoid this, he advises, especially in the plethoric, blood-letting shortly before the operation, and in the after-treatment, if necessary, either to avert or lessen evil consequences. Antimonials and sedatives alone will not suffice.

In all cases, operation must be early, the sooner the better; if you distrust your own powers, obtain the assistance of an hospital surgeon in whom you have confidence. In delay there is danger from suppuration of the sac, but not so when the aneurism is small, as all its blood clots quickly after its artery is tied, gets organised, and is more or less absorbed without decomposition or suppuration—the frequent causes of death. By pressure on the windpipe the tumor induces cough, which greatly increases the danger by jerking the artery, interfering with healing, and endangering bleeding on separation of ligature. Sir A. Cooper's first case died from pressure of the tumor.

Our case was so far doing well, but serious mischief subsequently set in and resisted treatment. Let us resume its details. 11th. Swelling in region of tumor reaching under the chin; no redness nor pain. 12th. Swelling greater; cough worse; slept well; bowels relaxed; ordered 12 leeches, and poultice on sac at night. Tongue rather brown; pulse 84. 13th. Not so good a night; swelling softer, more extended; cough worse and brings up phlegm; pulse 80. Pil. hyoscy. et pulv.

dov. gr. v. ter die. Hyd. chlor. gr. ij. om. 3 h. Towards evening swelling increased, and rose up more under the chin. 12 leeches under jaw. 14th. Pulse 90; tongue moist; swelling softer under chin; no pulsation; cough less; swallowing impeded; appetite worse. About 7¼ p.m., slight oozing of venous blood from wound near trachea; great deal worse; countenance extremely anxious, pale, and slightly livid, bedewed with cold sweat; breathing hurried and difficult; if not relieved, must suffocate. A small opening was made in the sac, but as only a little dark blood and decomposed serum came out, it was enlarged a couple of inches over the sterno-mastoid; a director was passed under the muscle, and some very fetid putrid coagula escaped. I then passed a finger into the sac, but still no arterial blood escaped. He was relieved by the operation, and to be watched night and day—in charge of a dresser—and to take spt. eth. sulph. co., spt. ammon. arom. co. aa 3i. aquæ ℥i., four times a day. 15th. Better; slight serous oozing from lower wound through the night; breathing easier; swelling less; pulse 92, soft and full; cough bad; more cheerful. Cannot swallow solids. Towards evening, pulse 100, stronger and fuller. 6½ p.m. Seemed better, bloody oozing from lower wound during day. 7½ p.m. While coughing, clot in sac was displaced, and a jet of blood, size of little finger, sprung out from upper part of sac, beyond three feet. It was stopped by finger applied to opening; it occurred while changing fingers, but was kept under by a sponge dipped in gallic acid. Man frightened, faint for a minute or two, but rallied. Bleeding continued, and pressure applied; much of sponge pushed out; countenance bedewed with sweat; blood extravasated in cellular tissue of neck, and pressing on larynx caused dyspnœa. 2 a.m. Intending to tie the external carotid above the sac, I extended the incision upwards, separated the cellular tissue between sterno-mastoid and lower jaw, but could not feel any pulsation either large or small. I then detached the skin from the outer and front part of sac to reach the bifurcation of the common carotid, but in so doing, my finger passed through the soft, disorganized sac, when a fresh and frightful gush of arterial blood followed, which had to be checked by sponge. Additional operation was now discontinued; tension and breathing were, however, relieved. I remained all night in the hospital, and at 9 a.m., in consultation with Mr. South, the senior surgeon, agreed that no further operation was justifiable. A little sol. ferri perchlor. was injected by Anel's syringe, alongside the sponge, through the coagulum, into the sac. This was to cause a fibrinous clot, a result which has followed the opening of larger vessels. Mr. Liston died from pressure on trachea of an aortic aneurism, six months after it had burst into the trachea by three rents. At the time there was profuse hemorrhage, but it stopped, and did not recur as the rents were plugged by coagula. Dr. Pravay first recommended injection of a few drops of iron solution within the vessel. The sac was not cleared of its contents, and the bleeding vessel or vessels tied as the inevitable gush of blood would have been instantly fatal, as in a case I once saw. To take tr. aconite m. iij. every sixth hour. 16th, 12½ a.m. No bleeding, easy and sleepy. 2½ a.m. Pulse 104, jerking. 7 a.m. Pulse better; serum dribbling from wound; occasionally incoherent. 10½ a.m. Breathing tranquil; much nervous twitching in arms and hands. 11½ a.m. Pulse 105, feeble; cough very troublesome; no headache; much flatus. 17th, 12½

a.m. Pulse 100, small and weak; restless; picking bed clothes; sleeps much; breathing pretty free. 3½ a.m. Breathing quicker and more laborious. 4¾ a.m. Pulse 118; no bleeding; breathes easier. 10¼ a.m. Pulse 98; copious expectoration; dozes at intervals. Gallic acid gr. v. every sixth hour. 1 p.m. Pulse 100, stronger; skin warm, perspiring; cough looser. 5 p.m. Pulse 90. 9 p.m. Pulse 80, more jerking; skin moist. 10 p.m. A gush of arterial blood arrested by pressure; ʒss perchl. iron injected into sac; coagulation immediate. 18th, 12½ a.m. Cough difficult; pulse 120; no hemorrhage. 3¾ a.m. Another gush arrested by pressure; ʒij iron perchl. injected; at the time face pale and pulse feeble, but rallied; only takes toast water. 6 a.m. Some dyspnœa. 9 a.m. Slept much; frequent startings; swelling increased; more dyspnœa; hiccough. 12 a.m. Pulse 104, small and feeble; breathes easy; dozes often; startings. 12¾ p.m. A gush of dark blood from lower wound, arrested by pressure; ʒiij iron injected; coagulation immediate. 1½ p.m. More bleeding; sleepy; respiration 28. 3½ p.m. Restless; wandering; hiccough. 4½ p.m. Pulse 108; slight oozing of bloody serum. 6 p.m. Pulse 98, feeble; dyspnœa; drowsy; partial paralysis of left arm. 7 p.m. Pulse 94; no hiccough; respiration easier. 9 p.m. Hiccough; pulse 98. 10½ p.m. Pulse 100; very restless; dyspnœa. 19th, 12½ a.m. Slept pretty well; pulse 90; breathes easier. 3 a.m. Breathing stertorous. 4½ a.m. No bleeding; pulse 80; cough easier. 5¼ a.m. Hemorrhage; ʒij iron injected. 7¼ a.m. No oozing; has slept since; pulse 120. 9 a.m. Pulse jerking and very feeble; medicine stopped. 11 a.m. Sleeps constantly; copious, free expectoration; a little oozing at each cough; twitchings of right arm; left not moved; respiration 42. 1 p.m. Mouth drawn up to right; left cheek puffs out at each expiration; left arm and leg paralysed, some delirium; hiccough; coughs when takes a drop of beef tea. 3 p.m. Still oozing. 5½ p.m. Pulse 108. 10 p.m. conscious; mutters in sleep. 12 p.m. Sleeps constantly, but not soundly; frequent strong pulsation in right infra clavicular region, nearly synchronous with pulse. Can use left leg, but not arm; breathing hurried and difficult. 20th, 3 a.m. Pulse 100; hiccough; catchings of right arm and leg; breathing irregular. 4 a.m. A gush of dark blood, quickly stopped by iron injection; very hurried respiration; pulse 120, very weak; extremities cold. 7 a.m. He died. Comatose from 5 a.m.

Autopsy 30 hours after death. *Head*—Much serous effusion on surface of brain and in ventricles; abcess ¼ inch diameter within hemispheres, one above longitudinal fissure; the other below in middle lobe, pus greenish yellow. Otherwise healthy. *Chest*—Atheromatous patches and thickening of mitral and aortic valves, chiefly first. Aorta in abdomen, and lower part of chest far gone in atheromatous disease, and softened, less so in arch. In the upper part, atheroma in various stages chiefly cheesy. In lumbar region, considerably more of this, and some patches are softening while others are calcareous. Just above termination softening has destroyed both the inner coats to the size of a 6d. The surface just like a phagadenic ulcer: here the external coat is very thin, and were it not supported by the body of 3rd lumbar vertebra must have broken. Just above this are 2 calcareous plates beneath lining membrane. Lungs much congested: lining of smaller tubes thick, congested and covered with pus. *Abdomen* healthy. *Neck* 2 incised wounds,

as described; carotid firmly closed by clot to below ligature, and above it to sac; large decomposed mass in centre right side and forming a diffused aneurism; sac seen at division of common carotid, but very imperfect; wound of external carotid at this spot—this was the source of the bleeding coming thus in a recurrent stream. Small aneurism at root of left external carotid. Larynx congested; no effusion. Nerves uninjured.

It will be instructive to consider and compare this with some of the most important cases of carotid aneurism recorded.

Sir A. Cooper, in 1806, was the first to tie the carotid for aneurism. The patient died from inflammation of the sac which extended along the par vagum to the base of the skull, which enlarged the tumor so as to press on phrynx and larynx, preventing swallowing, exciting violent coughing, and ultimately impeded breathing. 2 ligatures were applied; went on well till 7th day; they separated on the 11th: nerves uninjured. Fatal issue referred to great size of tumor before operation. In his next case, 1808, the tumor quite small, used double ligature. 3rd day swelling firm and gradually absorbed: slight pulsation for 2 months after: upper ligature came away on the 22nd day, the lower on 23rd: in less than 3 months discharged cured. Aneurism thought to be in internal carotid.

In the same year Mr. Cline tied the artery in a strong middle aged man; tumor large and of rapid growth, impeding respiration and deglutition, and dislocating larynx. There was also pain in tumor and that side of face, as well as a very frequent cough. These were all relieved 12 hours after tieing, but returned in increased degree, particularly the cough and dysphagia, with much irritative fever. Medicine was useless and the man died on the 4th day.

Mr. Travers next tied it successfully for anastamosing aneurism of orbit.

In 1832 Mr. Green tied the right carotid for an aneurism as big as a large walnut in a porter of 65. The ligature separated on the 34th day. The man had some dysphagia and cough. The right tonsil suppurated, but in 5½ months after he left quite well.

Mr. Porter in his lectures gives a case very like poor B—'s. A man, 38, low sized and strong make, had an aneurism occupying nearly the whole of left size, soft and beating violently. 5 weeks before a large lump like a kernel, moveable, painless, and pulseless, came out near the angle of the jaw. In 10 or 12 days it became uneasy and was poulticed. It grew larger slowly, and hurt him in moving his head. It then pulsated. A week before admission, while working hard he suddenly felt excruciating pain in the tumor which darted to the forehead and vertex. He had to go home and found the tumor surprisingly large and thumping violently. The next 3 nights he suffered dreadfully; could not sleep nor lay down his head. He then became hoarse, almost aphonic, and so alarmed as to come to hospital. 3 days after the carotid was tied. The tumor opened and ceased to beat, and he was relieved on the 15th day. The ligature came away, and all went on well till the 30th day. He then had pain and stiffness in the neck, headache, furred tongue, and general derangement. The sac inflamed. Pain and swelling increased, and in 6 weeks more the sac suppurated. Mr. P., treating it as he had others, with uniform success by free incision, turning out the

coagula and discharging matter. Hemorrhage followed the cut but stopped by pressure, and sac suppurated freely. In 3 days he suddenly lost ℥xl., or l. of blood in a few months; he lived 13 days after its arrest, dying without a groan. No post mortem.

Mr. Lyford, in Med. Chir. Transactions, Vol. XI., gives a successful case, but tumor was small. The ligature separated in a month. In the same book is an interesting case by Mr. Coates. The tumor was enormous, all went on well for a month. On 32nd day sac inflamed; leeches, calomel and digitalis were employed. 36th day, 9 P.M., Pulse 90, skin very red and tumor soft at anterior part. The prominent part was incised and ℥vij. fetid blood with pus issued. Greatly relieved.—For 20 days all went on well when hemorrhage took place. It continued at intervals for 16 days when he died. Probably the blood came from the facial. He thinks it would have been better to have opened the sac earlier, before anastamosing vessels became enlarged.

In 10th vol. of the same work is Mr. Vincent's case. The sac the size of a pullet's egg. Death from arteritis above the ligature and effusion into surrounding tissue. On 22nd day ligature separated. 11 days after the neck swelled. At 8 next night he became very ill, low and uneasy, great dysphagia, had much cough and dyspnea. He was sensible: Mr. Lawrence being present incised the tumor and let out a little pus and clot. He died immediately after.

To return to my case. The immediate cause of death was hemiplegia from serous effusion and suppuration on the surface of the brain, the remote the loss of blood, though only 16 or 20 ounces escaped. Ligature of the common carotid may cause disease of that side of the brain of an anæmic kind from imperfect supply of blood, and the resulting disorganization must be augmented by future loss of blood.

From the foregoing it appears that when carotid aneurism is large it is almost always fatal. In no case has the sac been opened before recurrent circulation was established. Although such an expedient be formidable and very likely to cause systemic irritation, it might be least dangerous immediately after deligation if followed by the tieing of all arteries communicating with the sac, and thereby the danger of suppuration and secondary bleeding would be averted. But even if this had been done and suceeeded in this case life would not have been much lengthened for there must soon have been a diffuse abdominal aneurism which would have been speedily mortal from sudden and unreachable hemorrhage.

THERAPEUTICAL RECORD.

(From Virginia Medical and Surgical Journal.)

Amaurosis.—Dr. Griffin, of Limerick, (*Dub. Quart. Jour.*, Aug., 1853,) strongly insists upon the efficacy of strychnia in cases even of complete amaurosis. He prefers internal administration to the endermic method. He adduces one case of complete amaurosis following retinitis which

was successfully treated by eight grains of strychnia spread over a space of about eight weeks, after leeching, counter-irritation and mercury had been tried in vain.

Fever—Intermittent.—Dr. Merrill reports (*Memphis Med. Recorder*, Jan.,) 152 cases of periodic fever, all of which were cured by a solution containing gr. j. of sulphate of quinia and gr. jss. of sulphate of zinc, with enough of elixir vitriol to effect solution. This remedy was given in drachm doses four or five times before the expected paroxysm, the patient being kept in bed and supplied with warm drinks. The zinc often caused considerable nausea. It was in some cases combined with the tincture of jessamine, without appreciable advantage. The jessamine alone proved insufficient to effect a cure.

Gleet.—Dr. Lazowki *(Rep. de Pharm.)* having noticed the good effects of ergot in paralysis and atony of the bladder, was led to employ it in blenorrhœa, which affection he attributes te a relaxed and atonic condition of the prostate and canal of the urethra. He professes to have cured many cases of long standing gleet by this means. The advantages of the ergot were still more manifest when it was combined with iron: ℞. Pulv. ergot, ʒj.; Ferri sulphuret., gr. j.; Vanillæ pulv. et camph. pulv. aa., gr. ½. Ft. chart. xx. A powder morning and evening.

Hæmorrhoids.—In cases in which piles bleed profusely, and induce debility and anæmia, Dr. Oke (*Assoc. Med. Journal*, Aug., 1853,) has found turpentine the most efficacious remedy in restraining such hæmorrhage. He recommends the following formula: Ol. terebinth, ʒss.; tinct. kino, syrup. zing., aa. ʒj.; aq. cinam., aq. font., aa. ℥iij.; mucilag. acac., q. s. This dose may be repeated two or three times a day.

Pneumonia.—Dr. Fiebig (*Organ fur die gesammte Heilkunde*, ii. 3, 1853,) employs *acetate of lead* in those cases of pneumonia in which the usual treatment is insufficient. This salt is also indicated, according to Dr. Fiebig, in tuberculous subjects, in the aged, and in cases in which pneumonia is complicated with abundant diarrhœa.

Purpura.—Mr. Grantham reports (*Assoc. Med. Jour.*, Sept. 9, 1853.) three cases of purpura hæmorrhagica of a very serious description, in which gallic acid, administered in five grain doses every two or three hours, proved to be a very valuable remedy. The compound rhubarb pill was given as an aperient and the dietetic and general treatment was carefully attended to.

Tetanus.—Prof. F. Knowles, of the Iowa Medical College, reports (*Iowa Med. Jour.*, Feb.) three cases of well-marked traumatic tetanus which were cured by the administration of tincture of lobelia every ten minutes, together with a decoction of capsicum. As soon as emesis was excited, the symptoms were mitigated, and in a few hours all spasmodic action ceased!

Phthisis.—Dr. Turnbull (*Assoc. Med. Jour.*, June 24, 1853,) warmly recommends the use of sugar of milk in the treatment of tuberculosis. He was led to use this remedy partly by the consideration of the fact that asses' milk, which has always enjoyed a reputation in pulmonary disease, was chiefly remarkable for the large proportion of milk sugar which it contains, and partly by deductions from the views of Liebig in

regard to the uses of the azotized, or plastic, and non-azotized, or combustive elements of food. Sugar of milk is an article belonging to the latter class, and is, moreover, readily digested, and possessed of a great affinity for oxygen. It may therefore be of use in supporting the slow combustion which is more or less impeded in pulmonary disease.

PERISCOPE.

Brewer's Yeast in Puerpural Fever, &c. By Gideon B. Smith, M.D., Baltimore.—I deem it a duty to report the two cases described below, for the benefit of the profession, and for the sake of humanity. I am well aware of the reception they will meet with from the profession generally, but cannot be deterred from offering them to you on that account.

The subjects were the wives of two brothers: the first about 22 years of age, married about twelve months, with her first child, of a delicate constitution, very thin habit, and nervous temperament; the second, about 26 years of age, of a healthy, full habit, sanguine temperament, with her second child. The first was delivered of a healthy, male child, on the morning of the 8th January, after four hours, and a very comfortable labor. The child was small, not weighing over 6 lbs. There was not a drop of blood lost at the birth of the child, nor at the delivery of the placenta, though a moderate lochial discharge commenced during the first twenty-four hours. Everything was doing exceedingly well until the morning of the fourth day, when I was told she had passed a very restless night, complaining of great pain in the lower part of the abdomen. On examination I found the uterus much distended, globular, hard and exceedingly sensitive, so much so that the slightest touch caused the patient to scream with agony. Her very delicate constitution and thin habit seemed to indicate that local bloodlettings alone must be relied upon so far as that agent was concerned. I ordered cups to be applied over the uterus, and about ten ounces of blood taken. This promptly relieved her of the pain. I gave her the usual antiphlogistic medicines internally. At 7 P.M., found her with all the symptoms of typhoid puerperal fever fully developed; sordes on the teeth and gums, and blackish burnt-leather coat on the tongue; pulse 140 to 150, small, wirey, quick: the whole abdomen very tender to the touch, but no pain. Stopped all other medicine and ordered *brewer's yeast*, diluted with an equal quantity of water, and rendered palatable with sugar, a tablespoonful every two hours. The nurse informed me next morning that in half an hour after she took the first spoonful of yeast, she was evidently better. I found her in the morning much improved. The sordes had left the teeth; pulse 120, more full; tongue not so dry; tenderness of the abdomen much diminished; the milk returned to the breasts, so that it was necessary to have them drawn; the lochia increased; the uterus nearly reduced to its natural condition. She kept steadily improving, until, on the 12th day, I left her cured.

In the second case, the woman was delivered on the evening of the

22d January, after three hours' comfortable labor. No blood at the birth of the child, or delivery of placenta. She continued remarkably well till the evening of the 4th day, when I was called on account of her having had a severe *chill*. When I got there the chill had ceased and she had a violent fever, with intense pain in the left side of the lower abdomen, extending through the groin and thigh to the knee. She was obliged to be on her back and keep the leg drawn up, as the least attempt to extend it threw her into an agony. The inflammation in this case was evidently confined to the peritoneum, as the uterus could be distinctly felt in a healthy condition. Bled from the arm until symptoms of fainting appeared; then applied cups to region over the seat of pain in the abdomen, and took eight ounces more, in all about forty ounces of blood. When the cups were taken off, all the pain had ceased, and the pulse was reduced to about 100, soft and yielding. Ordered antiphlogistic and aperient medicines for the night. Next morning found her in a well-developed typhoid puerperal fever; teeth and gums covered with sordes; tongue dry, burnt-leather coat; pulse small, quick, 140. The pain in the abdomen had not returned, but the part was exceedingly tender, and this tenderness had extended over the whole abdomen. Ordered brewer's yeast as in the first case, and with the same result.—From the moment she commenced taking it she began to improve, the sordes left the teeth, the tongue improved, and the pulse fell below 120 in four hours. She was entirely well on the fifth day.

You remember I reported some cases of scarlatina maligna, treated with brewer's yeast, some two years ago. I have still continued to rely upon it as the sheet anchor of hope, under God, in all cases assuming a typhoid character, and in all eruptive diseases of whatever form, with the happiest effect, not having lost a single case when the remedy was freely used. In these cases of puerperal fever, and especially the first, complicated as it was with a high degree of inflammation of the womb, as well as of the peritoneum, I do not believe the patient would have survived the ordinary treatment three days. The malignant symptoms were as marked as their supervention was rapid. Within thirty-six hours after the first symptom of the attack, there was every evidence of the putrescent state having commenced. And in less than four hours after taking the yeast, every symptom of putrescence had abated, and in twenty-four hours disappeared and never returned. In both cases, from two to three moderate evacuations from the bowels occurred every twenty-four hours during the whole time of taking the remedy; the urine continued free, and, after the first twelve hours, the skin soft and natural.

I must remark that I can give no other reason for using brewer's yeast than that furnished by its good effects in previous cases. I confess it is a purely *empirical* remedy. It is not the carbonic acid gas of the yeast that performs the almost miraculous work of the remedy, for I have used carbonated waters much more highly charged with it, without any such effects. What, then, is it? Strange to say, that while every other liquid highly charged with carbonic acid gas causes large eructations, the yeast never has any such effect. It causes no flatulence nor distension of the stomach, though taken in sufficient quantity to puff up a barrel of flour, when made into dough. Neither distiller's yeast, baker's

yeast, common family yeast, nor the common yeast powders, have the same effects as brewer's yeast. Neither does stale brewer's yeast have as good effect as that which is fresh, say not more than one or two days old.—*Boston Med. and Surgical Journal.*

Spontaneous Gangrene in Glucosuria. By M. Marchal, of Calvi.—Two years ago the author observed a case of spontaneous gangrene in a diabetic patient, who first lost the little toe, and, continuing to void sugar in the urine, eventually succumbed with gangrene of nearly the whole entire foot. Since this observation, made some fifteen years ago, Dr. Landouzy, of Rheims, communicated a case of gangrene of both legs in a diabetic patient. A third case has occurred recently.

M. Marchal was called into consultation, near Paris, to see a patient suffering from two gangrenous spots upon the dorsal region. One, very large, and surrounded by phlegmonous redness and œdema, extended along the outer part of the left thigh. The patient, upon inquiry, stated that, for many years, he had drunk much, and had voided large quantities of urine. The urine, examined by M. Duroy, an experienced chemist, yielded much sugar. As in one of the preceding cases, the patient had suffered frequently from boils in various parts of the body, M. Marchal purposes carrying on his investigations further at a future period, but thought the fact of sufficient importance to lay before the Society.—*London Medical Times.*

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

INCORPORATION OF THE PROFESSION IN C.W.

Why are not the members of the Medical Profession in Western Canada incorporated? The evils accruing from the want of incorporation are numerous, and have been long felt; from time to time they have formed the subject of complaint, and their removal has been attempted. The last expedient, having this object in view, is a letter addressed to the Honorable President of the Executive Council, by our talented cotemporary of the Upper Canada Journal of Medicine. Its effect remains to be seen; we fear it will not be of much, if any, avail. Such procedure being destined to the fate of former failures, the experience of which is against its success. Dr. Rolph has undoubtedly the power to further the interests of his brethren, but the decision does not rest with him; there are others to be consulted, with whom co-operation is essential. The present question has been popularly considered in its relation to

quackery, and it will remain unsettled so long as the belief continues that the institution of incorporation involves the abolition of quackery, and legislators permit their judgments to be guided by the feelings of the people. It is a lamentable fact, that the majority of the people of Upper Canada are favorable to quackery, and many are so biassed that they would give it the preference, if called to choose between it and science. Very few appreciate the real merits of the case, or have a sufficient sense of equity to comprehend why the profession requires the same protection, and is entitled to the same privileges in Upper as in Lower Canada, and why without these its condition must border on anarchy. Nor can they admit that the simple right of men sanctioned by law to practice a profession obtained at heavy personal cost, and after compliance with prescribed enactments, is to be defended from the debasing aggressions of those whose knowledge is intuitive, and who, perhaps, are disabled from following their proper callings, and find in medicine a better business than in horse-shoeing or sow-gelding. But such things cannot continue long. Learned men must be encouraged in their undertakings, for if their art be without a premium, its worshippers will disappear, and its sphere become a chaos. We hold that the expression of a people in behalf of quackery is entitled to no regard, for if they be so simple minded and grossly ignorant as not to know the difference between an educated physician and a boasting empiric, they must be, like children, taught better, and like imbeciles, kept from injuring themselves. At no very distant period a similar opinion will be generally entertained, and measures devised in accordance with it. In the meanwhile, the profession should not remain idle ; much of the good that is to be effected is entirely dependant on the activity and energy of its members. At one time the profession in Lower Canada was but little better off than that of Upper Canada, but by its own efforts it at length attained its rights and privileges. We would advise those desirous of incorporation not to rely upon a single effort or trust their fortunes to the exertions of one individual. Instead of leaving the matter to an advocate, and invoking a Hercules, they should associate together, determine upon a fixed line of action, resolutely strive for its accomplishment, and leave no means untried till the end had been acquired. They should first form an Institution, governed by appropriate ordinances, and embodying the present licensing board. The utility of the body would not be long unappreciated, and it would then be endowed with the required authority to legalize its proceedings. In this manner, incorporation might be secured, but unless it be attempted in the progressive way we have shewn, we fear the question will continue to be asked—Why are not the Members of the Profession in Western Canada incorporated ?

The Mayoralty.—It gives us great pleasure to notice the election of a member of our profession to the mayoralty of Montreal. Just at this juncture, when we are threatened by an invasion of cholera, the presence of Dr. Wolfred Nelson at the head of civic affairs, is a circumstance of some moment to the community. In his inaugural address he speaks of the probable visit of this scourge, and adverts to the measures, of a sanitary nature, to be adopted for the purpose of diminishing its virulence and preventing its rapid spread. His views of the steps to be taken accord exactly with those which we gave expression to in our article on cholera, published in our February number, and which, we are certain, will commend themselves to the judgment of every medical man who has bestowed a thought on the subject. Dr. Nelson, unfortunately, can speak only for Montreal. What he intends to do here, we would have the Provincial Legislature do for the whole province.

Statistics of Disease.—The importance of statistics to medical science is so self-evident as to require no demonstration. We have long wished to be put in possession of such as have reference to the prevalence and peculiarities of disease in Canada; and we are glad to have the opportunity of publishing in this number some of great interest, furnished us by a distinguished medical officer, and increased in value by the addition of copious remarks eminently practical in character. Military surgeons have better opportunities than civilians for collecting the necessary data, and we would feel obliged to any who would follow the laudable example of their able and talented chief.

Dr. Bouthillier, of St. Hyacinthe, has been appointed Inspector of the Agencies of the Woods and Forests of the Crown in Lower Canada, with a salary of £400 per annum.

Chemicals.—Our enterprising friends, Messrs. S. J. Lyman & Co., have lately imported some new and valuable chemicals, samples of which they have sent to us, and to which we would draw the attention of our readers. They are nearly all preparations from the celebrated house of T. Morson & Son, which of itself is a sufficient warranty of their purity. 1. Quevenne's Iron.—This preparation is the *Fer Reduit* of MM. Quevenne and Miquelard, and the *Pulvis Ferri* of the Dublin Pharmacopœia. It is metallic iron in a state of minute division, and is prepared by the reduction of the peroxide of iron, by means of hydrogen gas and heat. Iron, in this condition, is readily acted on by the acids

of the stomach, and is, therefore, more easily taken up by the absorbents. It is liable to be adulterated with the black or magnetic oxide. From this, its greatest impurity, Morson's preparation has been proved, by some of the most eminent chemists in Great Britain, to be entirely free. It always contains a variable quantity of sulphuretted hydrogen, which, however, does not detract in the least from its efficiency. 2. IRON ALUM.—This is a new preparation of iron which has recently been introduced to the notice of the profession by the physicians of St. Mary's Hospital, London. It is a very soluble salt of a pale violet color. It forms a solution of a reddish color. It is isomorphous with common alum, its crystals being of the octohedral form, and its composition being represented by the formula $Fe_2 O_3, 3 SO_3 + NH_4 O, SO^3 + 24$ HO. As in the double sulphate of alumina and potash, the potash may be replaced by some other base, so in this salt, soda or potassa may be substituted for the oxide of ammonium. There being no alumina present in Iron Alum, Mr. Davenport suggests "that this salt when ordered in medicine should be called *ammonia-sulphate of peroxide of iron*, when the amonia salt is intended, or *potassio-sulphate of peroxide iron*, if it were intended to indicate the potash salt." Dr. Tyler Smith has found it to be "a more powerful astringent than common alum, and not liable to produce the stimulating effects of other salts of iron." 3. CHURRUS.—The concreted resinous exudation from the leaves and stems of the Cannabis Indica. Its effects, as described by Dr. O'Shaughnessy, are mental exhileration, followed by alleviation of pain and tendency to sleep; insensibility, which terminates suddenly, and is succeeded by an inordinate desire for food. It has, likewise, an aphrodisiac effect, and induces a genuine cataleptic condition. 4. VALERIANATE OF ZINC.—A very excellent preparation of a valuable drug, much used at present in various nervous diseases. 5. ALCOHOLIC EXTRACT OF COLCHICUM. 6. PURE ELATERIUM. 7. KREASOTE.—A German preparation of remarkable purity and strength.

TO CORRESPONDENTS.

Dr. P. Proulx.—His friend has not complied with his request. We *again* send Nos. 2, 8, 9 and 10. The former ones are probably in the Boucherville Post Office. We will be happy to send any other that may be missing. *Dr. O'Leary.*—Request attended to. *Drs. Larocque and Rousseau.*—Hope we shall continue to merit their approbation. *Drs. Easton and Degel.*—We regret the non-arrival of the Nos., and have forwarded duplicates. *Dr. Bergin.*—*It* must have gone astray. *Dr. Gilbert.*—His letter quite satisfactory—hope the contribution is the first of a series: very thankful for information.

BOOKS RECEIVED FOR REVIEW.

Homœopathy: its Tenets and Tendencies. By James Y. Simpson, M.D., &c. &c. Messrs. Lindsay & Blakiston. Philadelphia.

OBITUARY.

Died, at St. Polycarpe, on the 16th March, Stephen Duckett, M.D., aged 24 years. This young gentleman graduated at McGill College last spring, after which he commenced practice, and had already secured the confidence and esteem of the people among whom he was located, when his temporal career, with its bright and encouraging prospects, was suddenly arrested by the hand of Death.

Died, on the 18th March, at New York, on his way to Australia, of phthisis pulmonalis, in the 26th year of his age, Matthew Bell Mackenzie, A.B., M.D., of University College, Toronto, youngest son of the late Henry Mackenzie, Esq., merchant in this city, and nephew of the Rev. Dr. Bethune, Rector of Christ Church Cathedral.

HOSPITAL REPORTS.

RETURN of Sick in the Marine and Emigrant Hospital, Quebec, from the 4th February, to the 3rd March, 1854, inclusive.

	Men.	Women.	Children.	Total.
Remained,	40	17	2	59
Since admitted.	28	13	0	41
	68	30	2	100
Discharged,	40	19	0	59
Died,	0	1	0	1
Remaining,	28	10	2	40
	68	30	2	100

Fever,	2	Syphilis,	7	Abortus,	1
Inflam. of Lungs,	6	Abscess,	1	Hæmeralopia,	1
Inflam. of Liver,	2	Ulcers,	3	Epilepsia,	1
Rheumatism,	2	Contusions,	2	Erythema,	1
Dropsy,	1	Pregnancy,	2	Frost Bite,	4
Diseases of Skin,	1	Febricula,	3		

C. E. LEMIEUX, House Surgeon.

RETURN of Admissions and Discharges at the Marine and Emigrant Hospital, from the 1st of January, 1853, to the 31st December, 1853, inclusive, showing the number of Seamen, Emigrants and Citizens treated in that Institution, together with a list of the Deaths and the Diseases of which the individuals died, and the number of days each class of Patients remained in Hospital.

Description.	Rem'ned	Admitted	Total.	Discharg.	Died.	Rem'ing
Seamen, ...	7	635	632	586	18	28
Emigrants, ..	23	372	395	331	38	26
Citizens, ...	3	88	91	75	5	11
Total, ...	33	1085	1118	992	61	65

Number of Days in Hospital.

Seamen,	12,437
Emigrants,	8,706
Citizens,	2,634
Total,	23,777

Deaths and Classification.

	Seamen.	Emigrants.			Citizens.			Total.
		Men.	Women.	Children.	Men.	Women.	Children.	
Phthisis	3	2	2					6
Fever	4	1	8	1	1			15
Pneumonia	3				1			4
Marasmus				2				2
Meningitis	1	1						2
Dysentery	3	2	3	1				9
Rheumatism	1							1
Spina Bifida				1				1
Hepatitis	1							1
Peritonitis	2		1					3
Scrofula		1						1
Bronchitis	1		1	1	2			5
Scarlatina				5				5
Rubeola				2				2
Cholera		1						1
Concussion of the Brain			1					1
Anasarca		1						1
Puerperal Fever						1		1
Total	18	9	16	13	4	1		61

Of the 61 deaths 7 occurred within the first 24 hours after admission. A case of concussion of the brain; dysentery; measles; fever; phthisis; scarlet fever; meningitis.

C. E. LEMIEUX, House Surgeon.

MEDICAL NEWS.

Professor Chelius, the distinguished Professor of Surgery in the University of Heidelberg, has recently visited Paris, and been entertained at a splendid banquet given to him by the Surgical Society of Paris, presided over by Professor Denonvilliers.—On the 10th March, the distinguished anatomist, Professor Teidemann, completed his half century as a Professor. It is proposed to celebrate the event by distributing to his admirers, friends, and numerous pupils, bronze and silver medels at a moderate cost (10s. and 20s.) bearing his likeness. These may be obtained by subscription addressed to "Die Senckenberg naturfirschende Geselschott zw Frankfort, a. m."—At the last meeting of the Royal College of Surgeons, of England, Mr. John Lizars, of Edinburgh, was appointed student in human and comparative anatomy, in the vacancy occasioned by the resignation of Mr. J. H. Sylvester, who proceeds to India.—A large meeting of the past and present medical students of King's College was held on the 16th December, for the purpose of presenting a valuable silver tea kettle and a silver salver to Dr. Todd, as a mark of the great respect and esteem entertained for him by all who had ever had the pleasure of being his pupils.—The chair of Medical Chemistry, left vacant by the death of M. Orfila, has been suppressed by imperial decree, and a chair of Pharmacy substituted for it. Dr. Soubeiran, Professor at the Superior School of Pharmacy of Paris, has been appointed to the new chair.—Dr. Fischer de Waldheim, of Moscow, (Russia,) one of the most distinguished naturalists of Europe, died recently in that city, at the advanced age of 82 years. He was born near Leipsic, and in 1797 went to Vienna with Humboldt to practice medicine, but gave himself up entirely to the study of natural history, and especially to fishes. He was, at the time of his death, a member of more than eighty learned societies, and Knight of the principal Russian orders. —At the Sheffield sessions, an indictment was preferred against the proprietor of an anatomical museum, for a misdemeanor in committing a public nuisance by indecently exposing to public view "certain filthy, obscene, and indecent figures, calculated to offend public decency and demoralize society." The grand jury returned a true bill.—M. Elie de Beaumont has been elected Secretary to the Academy of Sciences, Paris, in place of the late M. Arago.—There were 83 suicides in the City of New York the last year.—The infamous Madame Restell, of New York, a professed abortionist, who was lately arrested on a charge preferred against her by a young woman for having, at the instigation of her seducer, procured three abortions on her person, has again escaped well merited punishment The girl at the time of the trial was non est. The almighty dollar had silenced her.—The brain of the late Senator Atherton, of New Hampshire, weighed 56½ ounces averdupois, which is 7¼ ounces less than the weight of Mr. Webster's, a little more than that of Spurzheim, and 7 ounces more than that of Dupuytren. Cuvier's brain weighed 64¼ ounces, and Abercrombie's 63 ounces.—Dr. Last never trifled with disease. His directions were: "Bleed the north ward and blister the south ward to-day; and blister the north and bleed the south ward to-morrow."—The Petersburg Express chronicles the death of a negro woman at the advanced age of 128. She died of no particular disease, but sank under the exhaustion incident to old age.—It is stated that the hippopotamus who swallowed a lady's lap dog lately, at the public gardens, did so under the impression that he was taking a dose of *bark*.—A new and spacious hospital is to be erected at Albany, over $50.000 having been subscribed, to be under the auspices of the Albany Medical College.—A new petroleum, or oil spring, has been recently discovered in Virginia; it furnishes some two gallons of oil a day.—From recent investigations among the tombs of the ancient Egyptians, it has been discovered that they were acquainted with the use of nitrate of silver as an indelible ink; and also that nitric acid was employed by the "early Egyptian chemists" in the process of embalming dead bodies.—The London Times, Punch, Manchester Guardian, and two or three others refuse to publish any notice or advertisement from quacks that contain in it the slighest approach to indecent or indelicate expressions.—It has been found by actual experiments, performed near London, that in animals a greater degree of fatening was obtained from a less amount of food when Cod Liver Oil was used. Hogs took two ounces, sheep one ounce, and cattle a quarter to three quarters of a pint, per diem, and paid better than any others in the market.—The bill legalizing dissections, presented to the Legislature of the State of New York, has passed the Senate and is now before the Assembly or Lower House, with a fair prospect of becoming a law.—In an English paper we find the following bona fide advertisements:—To be sold, the *Wisdom Tooth* of the Duke of Wellington, price £10; and several locks of his hair, price £1 10s. each. N.B.—Likewise a small grinder of Napoleon's for £5.—It is said there are more persons now on the globe, than at any time before; about 1,000,000,000; and that about 33,838,333 die annually; 92,000 die daily; 4,000 every hour, and 61 every minute.—A Mrs. Burke died a few days ago at Quebec aged 110 years.

THE

MEDICAL CHRONICLE.

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ORIGINAL COMMUNICATIONS.

ART. XXXIX.—*Scraps from my Note Book.* By S. C. Sewell, M.D., Edin., Bytown.

1. *A remarkable case of Secondary Syphilis, proving its occasional contagiousness.*

As the question of the contagiousness of Secondary Syphilis is being discussed with much acrimony in Paris at present, and is beginning to engage the attention of the Profession elsewhere, I deem the publication of the following to be very opportune. The circumstances were these:—A young woman was seduced in 1840, and infected with Syphilis by her seducer. The primary disease was cured in five weeks, and no secondary symptoms made their appearance. In the middle of May, 1841, a male child was born. The father, a man of means, placed the child with Mrs. B., about the 20th June. On Mrs. B. remarking that the child was covered with an ill-looking eruption, the father, in explanation, said the child was born with it. Mrs. B. was a stout healthy looking woman, of thirty-five, of most respectable character, her husband was a mechanic, and she had taken this child to nurse because she had lost her own; she felt lonely, and she was offered a good price. I saw her first on the 7th July. The child, puny and emaciated, was covered with lepra syphilitica, and about three dozen of sphacelating pustules. On the lips were three ichorous ill-conditioned ulcers; the tongue was also ulcerated. The child was so afflicted when brought to Mrs. B. On Mrs. B.'s nipples, and surrounding breasts, were several ulcers, identical in character with those on the child's lips. I announced to Mrs. B. that I considered that the child had communicated the "*bad disorder*" to her. From enquiries now set on foot by Mrs. B., it turned out that the nurse who had suckled the child from its birth to the 20th June, had been infected in the same manner, in consequence of which, she had refused to nurse it any longer. The child died six or

seven weeks after I saw it, a mass of putridity. Mrs. B., of course, immediately ceased nursing the child, and soon after went into the Montreal General Hospital, where, with few intervals, she remained for two years. She had leprous, and grangrenous pustular eruptions, ulcers of the throat and nose, iritis and nodes. She left the Hospital a miserable victim of syphilitic pains and cachexia, her face disfigured by copper-coloured cicatrices, and her powers of industry gone. She lingered for three years, when death mercifully closed the scene. I do not believe that there is any similar case on record, but it proves that the syphilitic poison may be still so concentrated as to reach not only the second, but even the third incbation.

Closely allied to the above is the following instructive case. Mrs. M., in her first and second confinements, was delivered of still-born babes; she was attended by a midwife. I assisted at the birth of the third, which was also still-born, having evidently died several days before. Having cured the husband of chancres when a batchelor, and having treated him for secondary symptoms since his marriage, I explained to him that the death of his children was clearly owing to a syphilitic taint, and suggested the propriety of his being salivated, to which he readily consented, and took the iodide of mercury for the purpose. The next child was again born dead, which also occurred several days before birth. The mother was always conscious of the event. I now proposed salivation to the mother; as although she had had neither primary nor secondary syphilis, yet I could only attribute the death of the last fœtus to taint in her system. She took the iodide of mercury also. The result was most happy. The next child was born alive; he is now nearly six years old, as active, healthy and vigorous a boy as any in Montreal. In two years he was followed by another bouncing boy, who enjoys the same rude health. Up to the period of my leaving Montreal, I occasionally treated Mr. M. for tertiary disease, which I suppose was in reality mercurial.

In this case the following questions suggest themselves. Was the mother's system poisoned, although no symptoms manifested themselves externally? If not, why did not the salivation of the father alone suffice to prevent the death of the fœtus?

Mrs. M. has had no more children.

2. *New use of Iodide of Zinc.*

Its value in reducing enlargement of the tonsils is now pretty generally acknowledged by the profession, and I have used it in several cases with satisfactory results. I had a case of venereal ulceration of the throat which resisted the acid pernitrate of mercury. As an experiment I employed the iodide of zinc with immediate improvement, followed by a

speedy cure. Since that I have used it in several cases of venereal ulcers, both of the throat and nose, with like success. Since 1837, I have used chiefly the acid pernitrate of mercury, (Ricord's formula), in such cases, and am therefore competent to form a comparative estimate of their value, and I give the preference to iodide of zinc. To apply it, twist a little cotton wool round the point of a wooden skewer, and having dipt it in the caustic, apply it to the ulcer. One application usually suffices to destroy the morbid action, and it is to be followed up with metallic washes for the throat, and dilute citrine ointment for the nose.

3. *Quevenne's Metallic Iron.*

I have used it in six cases of extreme spanœmia, and have found it the most active hæmatozer of all the forms in which iron is exhibited. In only one of these cases was I obliged to conjoin sulphate of manganese. I use Meigs' formula. Each pill contains two grains of iron made into a mass with honey and tragacanth.

ART. XL.—*Practical Remarks and Suggestions on Asiatic Cholera.* By William Marsden, M.D., Governor of College of Physicians and Surgeons, Lower Canada.

The possibility of this country being again visited, during the coming season, by that democratic scourge of the human family—asiatic cholera, has induced me to throw together the following practical suggestions.

I shall, in the observations I am about to make, avoid any allusion to the debatable point, the contagiousness or non-contagiousness of cholera asphyxia, which is still a *vexata questio* among many of the most eminent members of the medical profession, both in this country and abroad, to the very serious detriment of public hygiene; but I will, in the recommendations I may make, cast all the doubts into the human balance of public safety.

My suggestions will be of an individual or private character, as well as of a public and general nature. They are the results of my own observation and experience, during five distinct invasions, of active professional occupation, in the midst of sickness and death, and have impressed me with the conviction that no case is entirely hopeless. The vulgar maxim, that "prevention is better than cure," is hardly so applicable to any other form of disease "that flesh is heir to," as cholera.

There are many persons, however, and among them medical men, who, from superficial observations, entertain the fallacious idea that cholera sometimes pounces upon its prey without any premonition of any

sort, and hurries away its victim in a few short hours. I deny this position, and fearlessly call for proof to the contrary. I maintain that no individual in robust health has ever been suddenly attacked with the worst forms of cholera, and carried off without some premonitory symptom. We may all of us have seen persons walking abroad one day, apparently in perfect health, and hear of their having been consigned to the silent tomb on the next. I have, myself, frequently heard of such cases, but I never knew of one. I have, on the contrary, invariably found, on diligent enquiry, that the self-deluded victim had not been quite as well as usual, or had indulged in some unaccustomed habit, and had been suffering under some species of functional derangement (most commonly "bowel complaint"), for some hours, and not unfrequently for some days, previous to the invasion of the fatal disease, and this, generally, under a false or assumed courage, the effects of fear, which they wished to hide from themselves, as well as from their friends. A more fatal delusion than this cannot possibly exist. I am firmly of Dr. Kirk's opinion,* "that diarrhœa in this country always precedes cholera asphyxia; that this diarrhœa is always a curable complaint, and consequently, that this formidable disease,—the ways of which were wrapped in mystery, and inspired us with no feelings but gloom and despair,—may be calmly viewed by the eye of philosophy and common sense, as a malady, the secrets of which open to us, and the controul of which we have in our hands." Among the best prophylactic means in individual cases, I would suggest: regular and active bodily and mental employment; good air and exercise out of doors, daily (if possible); cleanliness, sobriety and temperance in all things; good and wholesome food, and of the same description that the person is in the habit of using; even the continuance of old habits, that may in themselves be evil, when the disease has once made its appearance amongst us; avoiding such things only as experience has taught to be hurtful in each individual case; warm and comfortable clothing and bedding, and regular rest; the rigid avoidance of all quackery and quack medicines; and, early application to some honest and discreet physician, in the event of indisposition.

Among the public or general means of action that I would recommend, the first is, the organization of a board of health, which shall be furnished with absolute powers and ample means to carry out any plan of hygieine that may, by the exigencies of circumstances be demanded. The board not to be too numerous, and to be composed of gentlemen of education, experience, and decision of character, without regard to their po-

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*Practical observations on cholera asphyxia, by James B. Kirk, M.D. Greenock, 1832, page 5.

litics, and to consist of laymen, clergymen and physicians in about equal proportions.

Reports to be made daily to the Board of Health, from which all orders shall emanate, but no reports to be published until the season is closed, or cholera has disappeared, if it should come. The reports and proceedings of the Board, however, to be open to all persons for inspection, that may desire to see them.

The city to be divided into wards of convenient size, and each ward to be placed under the control of a visiting physician, appointed for the purpose, who shall make a daily domiciliary visit to every house in his ward.

All patients to be prescribed for and attended at their own residences if possible: and if not, at an hospital, of which there shall be a small one, (with a dispensary attached,) in each ward; or one in the centre of two wards, if practicable.

The visiting physician shall, in his daily domiciliary visits, enquire personally into the state of health of every member of each household in his ward; and, if there be any one sick, shall insist upon the immediate attendance of the family physician, or any other that they may choose; or if they have no choice at all, to prescribe for them, or remove them forthwith to the hospital,

The hospital wards shall be small, and contain from two to four beds in each, and in no case more than six, and then only for the use of convalescents.

The influence of mental impressions upon the health, as especially fear, is too well known to require more than a passing remark, in order to justify the withholding of published reports.

The object in having a small hospital in each ward is firstly, that the patient may be at once placed under medical treatment, without the loss of valuable time which has frequently occasioned death; and secondly, that the public gaze may not be shocked, and terror spread by seeing an unfortunate fellow-creature transported from one extremity of the city to another, often writhing in the agonies of death.

The advantages of attending the sick and afflicted at their own houses are manifold, as, besides the saving of time, the patient's mind will be at ease by being surrounded by the kindly attentions of sympathising friends.

The plan of having small hospital wards, in cases of cholera, is not new, but was first introduced (I think) at Guy's Hospital, London, and was found to answer the purpose intended admirably; the congregating of large numbers of patients together having been found to increase infection, as well as the virulence of the disease. The beneficial effects upon the minds of the patients in not seeing themselves surrounded by

multitudes of their fellow-creatures writhing in agony in various stages of disease were also most apparent.

These remarks have been thrown together hastily, and I have to apologise for their imperfections and want of details; yet, if their effect, either directly or indirectly, be to snatch one single valuable life from the fangs of the fell destroyer, I shall consider myself amply repaid.

Quebec, 1854.

P.S.—The suggestions of a local nature contained in the foregoing hasty remarks were designed for Quebec, but they may, with the general principles be applied to any other locality.

W. M.

ART. XLI.—*Case of Phlegmasia Dolens.* By J. S. Crookshank, Surgeon, Barrie, C.W.

On the evening of the 3rd February last, I was called, in haste, to visit a married lady residing some twelve miles distant, who was reported to be seriously ill.

On arriving, I obtained the following history. Patient is aged 31, has had four children, about ten days ago was confined by her last labour which, I understood, was natural. On the fifth day after delivery, she was enabled to leave bed and attend slightly to her domestic duties, which she continued performing until the evening of the eighth day, when she was suddenly seized with a severe rigor. On the following morning, she complained of pain, and stiffness in the left thigh, groin, and leg. In the evening, immobility and pain were much augmented. There were also great tension of limb, but more particularly in thigh and groin. At this time, the immobility was so great as to render her incapable of moving or turning her limbs in the slightest degree. There were considerable constitutional disturbance, such as hot skin, urgent thirst, and severe headache. She also suffered from difficulty in micturition; and, for the last two years, she has been a martyr to chronic rheumatism. Her symptoms continued to increase, until the following evening when I saw her.

On examination, I found her limb was enormously increased in size, being more than a half larger than its fellow of opposite side. Swelling extended to leg and foot; the groin of same side felt hard, swollen and painful, on pressure being applied; tenderness also present over pubic region. Pulse 115, hard and wiry. Tongue dry and red at tip and edges, urgent thirst, severe headache, bowels constipated. One night

she was seized with rigor; lochial discharge ceased, but again returned last evening, and continued for a few hours. The swelling was of that peculiar white shining appearance, so ably delineated by Blundell, Burns, and others, who have had many opportunities of witnessing this curious and interesting affection; below the knee, and at the instep, it pitted slightly on pressure. Temperature of limb, above natural standard.

The following treatment was immediately adopted. Performed phlebotomy, made a large orifice in vein, and soon abstracted sixteen ounces of blood. To reduce arterial action still further, the following was administered:—

℞—Antimon. potassæ tart. gr. iv.
Aq. destill. ʒij.
Sig. a tea spoonful every second hour. Solve.

The first and second doses produced copious vomiting.

℞—Chloridi hydrarg. gr. xviij.
Pulvis. opii gr. ij.
Divide into six powders; give one every second hour.

Spirit lotion was assiduously applied to limb during the night. I remained over night, and on following morning found that great amendment had occurred. Pulse 25, softer than on evening previous. Pain not so excruciating in limb. Slept some during night. Thirst not so pressing. Headache greatly relieved. Swelling of limb rather increased. Bowels have been freely acted upon. Directed limb to be well rubbed with tr. sapon et opii. A teaspoonfull of æther nitros spt. to be given every hour for the difficulty of voiding urine; the third dose produced desired effect.

Three days afterwards I again saw her. Swelling in limb has greatly decreased. Pain diminishing. Has slept for the last two nights well. Pulse 75. Tongue moist. Bowels rather confined. Great immobility of limb still continues; is capable, however, of slightly rotating it.

Directed the following embrocation to be rubbed upon limb. Camphor ʒvi.; ol. olivæ ʒiv. Dissolve camphor in the oil, and add pulv. opii ℈i. Recommended the limb to be bandaged from toes.

Four drachms of sod. pot. tart. to be taken every morning as a gentle aperient.

On the 22nd of same month, I heard that she was able to get out of bed with assistance, pain of limb entirely gone, great stiffness still remains, swelling continues gradually decreasing, and general health as good as usual.

March 24.—Saw her husband this morning, swelling still decreasing but slowly, can now move about her room without assistance, motion of

limb also improving, and bandaging has been laid aside, which, on being resumed for some time, she is confident will reduce her limb to former size.

30th.—Heard to-day that she is completely recovered.

ART. XLII.—*Case of inflammation and abscess of the breast, of seven months' duration, treated with the Iodide of Potassium and pressure.* By A. RUTTAN, M. D., Newburg, C. W.

Mrs. R...., age 30, having been delivered of her third child, was attacked on the fifth day with severe inflammation of the left breast, which terminated in abscess. Her physician, as near as I could learn, applied the usual antiphlogistic remedies, which not proving successful, induced him to quit his patient, with a view of trying what nature would do towards effecting a cure. When she applied to me, which was seven months after her confinement, the whole of the left mamma was diseased, together with the glands in the axilla. The cellular tissue, fascia, and gland, were alike involved in the inflammatory action, and the latter, being much enlarged, had that peculiar nodulated and tumor-like feel, which is characteristic of inflammation of this organ. The integuments were much swollen, of a dark red or brown color, and excessively tender on pressure.

At the superior margin of the gland, was an orifice, which gave exit to the purulent discharge. By introducing the probe, I found that the gland was separated for the greatest part of its extent, from the pectoral muscle, and could pass the instrument downwards in any direction to the depth of six inches, and backwards into the axilla as far as the latissimus dorsi. During the first five or six months, she had, according to her own account, almost daily, cold chills, followed by heat and perspiration, with occasional sick fits, vomiting of bile, loss of appetite, and sometimes absolute loathing at food. When I saw her, she seldom perspired, but had repeated shivering fits, and so susceptible had the nervous system become, that cold chills, with severe local pain, followed by nausea, were produced, whenever the breast was exposed to the air of the room at an ordinary temperature.

Having seen an extract from the Southern Medical and Surgical Journal, as published in the February No. of the Medical Chronicle, upon "Mamary abscess, treated with Iodide of Potassium, by J. Y. Caruthers of Hendricksville, Alabama," I resolved to try the effects of the remedy on my patient. I gave her two grains of the iodide night and

morning, in the form of solution, and applied locally the Ung. Iodini, spread upon fine linen. In a few days, her appetite and general health improved, and in ten days, with the use of the remedy, the tenderness had so far diminished, that the application of pressure by means of a roller and compress, as tight as I could conveniently apply it, was attended with but little pain or uneasiness. In applying the bandage, I passed it alternately around the chest, and over the right shoulder, care being taken to direct the pressure from below upwards, and at the same time, maintain a large and firm compress in the axillæ, which I afterwards regulated according to circumstances. During the first twenty-four hours after applying the roller, six or eight ounces of pus escaped from the opening, and the swelling had so far subsided as to loosen the bandage. I re-applied it every other day, the discharge constantly diminishing, and in three weeks from the time I first saw her, the discharge had ceased, and the sinuses completely closed. I examined the breast a month afterwards, and there were no signs of its return. The gland had become nearly restored to its natural consistency and color, and says she feels perfectly well, experiencing only at times a slight uneasiness in the breast, which she imputes to atmospherical changes.

REVIEWS AND BIBLIOGRAPHICAL NOTICES.

XXXVI.—*A Treatise on Venereal diseases*, by A. Vidal (De Cassis,) Surgeon of the Venereal Hospital, of Paris; author of the Traité de Pathologie externel et de Médicine Opératoire, etc., etc. With colored plates. Translated and edited by George C. Blackman, M.D., Fellow of the Royal Medical and Chirurgical Society of London, &c. New York: S. S. & W. Wood. Montreal: B. Dawson. Pp. 499.

We regard the present work as the best general treatise that has ever been published on Syphilis, and are much mistaken if it does not soon become the authority of the day. Messrs. S. S. & W. Wood have done all in the power of art to render it attractive and useful, and they deserve much praise for the taste and workmanship it displays. The coloured illustrations are the most beautiful and faithful things of the kind we have yet seen. Exclusive of an accurate digest of the literature of syphilis up to the time of compilation it contains an enunciation of the opinions and experience of the author, whose opportunities have been

most favorable. We shall now proceed to submit his principal views to the notice of our readers.

With Benjamin Bell he admits a double virus—a Blenorrhagic and Syphilitic—"or more properly speaking we apply two names to the same virus," according as to whether there be primarily caused in the part infected, suppurative inflammation (Blenorrhagia) or ulceration (Chancre,) both of which are liable to be succeeded by peculiar accidents and consequences of a general character. He denies that Chancre is preceded by a characteristic pustule—years may be fruitlessly passed in its search, and although he has watched he has never yet observed it; he has frequently had under constant observation cases where fresh chancres have been superadded to those under treatment but has never yet found them originating in a pustule. The *debut* has invariably been either in an ulcer or abscess. It therefore follows that the phenomena caused by Inoculation are not typical of those that result from contamination by impure connexion, because the first effects of inoculation are papulæ, vesicles and pustules. In appreciating this difference it should be remarked that there is a total dissimilarity in the circumstances of both cases; inoculation creates a new surface—a traumatic surface—which cannot be in the same condition as the normal surface on which pus is only deposited. To Inoculation as a test of Chancre there are many weighty objections. When positive it always causes a Chancre, whereas the same pus naturally introduced, sometimes produces a mucous tubercle, sometimes a vegetation, sometimes a chancre, p. 32.—certain chancres real and obvious have been proved to contain no inoculable matter—p. 34. Again there are others, the pus of which cannot always be inoculated as those of unnatural shape, caused by cicatrization or some other complication, the deep seated, the *chancres larvés*, and yet these are the very ones most in need of such a diagnostic. When a chancre is granulating, inoculation fails to produce any result. And lastly the distinction between primitive and consecutive cannot be established by inoculation —p. 208. The distinction of the Syphilitic from other kinds of Bubo by inoculation, is very fallacious—for this test is then only serviceable when pus has formed, and as suppuration may have only invaded the cellular tissue externally the pus there collected will not be inoculable for the virus is confined to the gland beneath. Even when the gland is penetrated and pus procured from it this may not be virulent, for two glands may be affected, one with the disease, and one with simple inflammation and the matter have been taken from the latter. Moreover, when reparation succeeds suppuration in the most virulent bubo, inoculation is utterly negative—p. 243. And lastly, it has been demonstrated that the most virulent pus produces no effect on certain persons who are insusceptible of any syphilitic infection.

He believes in the doctrine of Incubation, that is to say, that the virus may remain for some time a cause without effect, at least without any appreciable effect; it is substantiated by analogy and well observed facts. One instance, seen by himself, was that of a young man who had intercourse with a prostitute, a friend to whom he told his adventure so frightened him by telling him that she was diseased, that he immediately after applied to M. V. "For four days, during which I attended him, I observed nothing. On the fifth day a chancre appeared."

He dissents from those who maintain the opinion of the localization of chancre, there being no certain period wherein the effects of the virus are limited to the narrow sphere of the chancre, and a recently developed chancre which already secretes pus capable of inoculation, being at the same time able to produce that which is capable of absorption. M. Reynaud reports a case where two suspicious pustules on the penis were immediately cauterized, yet secondary accidents were not prevented, although after the cauterization the patient abstained from sexual intercourse. As there is no reason for denying the efficiency of the cauterization this instance must be admitted to be one remarkably illustrating the rapidity of absorption after infection, and the short time necessary for the contamination of the system. The diseased action in the part itself is not limited to the seat of ulceration, the textures around and beyond it are all implicated, although to outward appearance they look healthy. "I have sometimes excised almost an inch below chancres on the edge of the prepuce; I have found the skin, mucous membrane and cellular tissue, entirely sound, and yet the wound became transformed into a vast chancre."

He considers induration as a character of all chancres occurring in varying degrees and being variously seated in the different varieties, and therefore that it is not pathognemonic of the kind commonly styled Hunterian. He observes "I will not with Babington, assert that induration precedes ulceration; nor will I admit with others that induration is consecutive; I believe that both these conditions may occur simultaneously; whilst nature effects a diæresis, it also produces a synthesis, it condenses the tissues, or creates a fibroplastic tissue beneath and around the ulceration." Such views tend materially to simplify the relations of chancres to the constitutional affections. Induration is merely a result of the virus and not its agency, hence "*it does not produce the pox.*" It becomes, however, an important indication as when present it is to be inferred that "*general infection has already taken place.*" Hence it is a sign of confirmed Syphilis and may be the only one.

In extension of these principles he differs from those who hold that constitutional disease alone, or for the most part follows the (Hunterian) chancre as well as from those who conceive that induration is the start-

ing point of the general disorder. He maintains that every chancre is liable to be followed by consecutive accidents, and these follow chancres but moderately indurated and the speedy cicatrization of those which were regarded as non-indurated.

A solution of continuity is not an absolutely necessary condition for virulent absorption. This may proceed equally well from an ulcer or a wound. Hence, the first manifestation of infection may be an enlarged lymphatic gland—a *Bubo d'emblée*—of which he has seen several instances and has stated two marked examples.

He corrects several erroneous ideas prevalent about Buboes, such as, the disease being confined to one gland unless the chancres be very large and restricted to the glands in the region nearest the chancre; that when the virus is once beyond the lymphatic vessel and gland it can be no longer inoculated or transmitted; that a Bubo can be sympathetic when no antecedent irritation or cause exists, and that a sympathetic bubo is syphilitic and not inflammatory. In describing the different buboes he evidently recognises three distinct classes. 1st. Produced by absorption of virus preceeded or not by inflammation, ulceration, &c. 2d. To extension of irritation or inflammation and independant of Syphilis. 3d. From virus having acted on the whole system and then causing an enlargement of the glands, or, in other words establishing a consecutive bubo.

The question of the transmissibility of secondary accidents is highly important and has enlisted much controversy. Vidal maintains their transmissibility and clearly demonstrates it. He says, "without being inoculable, they can be transmitted only hereditarily." That is that they are not necessarily communicated like chancre by actual contact but like scrofula, pass as a heirloom from the parent to the child. The principle of infection, therefore, exists in the blood and secretions, and is not confined to the pus of a chancre. This is illustrated in the birth of pocky children, by mothers having neither chancre nor bubo, and in infants infecting their nurses, who in turn disease their families. Some secondary accidents seem directly contagious, thus he has succeeded in inoculating the pustule of ecthyma, and the tubercle of condyloma. In speaking of the transmission of secondary accidents, he explains the reputed failures by attributing them to an ignorance of the conditions required for inoculation and mode of production, for it is likely the secondary requires for due accomplishment certain conditions as well as the primary. Again, they may not be inoculable by incision but by friction, or endermically, or in some other way less understood.

Vidal's statement of the transmissibility of secondary symptoms is borne out by the experience of other authorities. Mr. L. Parker met with two cases—in one the wife contracted secondary from her husband without

ever having had any primary disease as she was constantly under Mr. P's observation, and the man was cured of his chancre before marriage and had no return afterwards. In the other, a gentleman after having been free from secondary symptoms for a year, married, when both he and his wife became affected with sore throat and eruption and lost their hair, and the latter aborted in the 6th month a blighted child. These must be analagous to the cases seen by Mr. Porter, which justified him in saying "that the semen of a diseased man deposited in the vagina of a healthy woman will, *by being absorbed*, contaminate that woman, without the necessary occurrence of a chancre, or any other sore secreting matter on either the man or the woman."

The doctrine of Syphilization is ably discussed in the present work. This practice is in imitation of Small Pox inoculation; founded on the same principle, and performed for the like object. It has been vested with prophylactic and curative powers. As a prophylactic, it is intended to saturate the systems of unaffected persons with syphilitic virus, so as to endow them with future immunity from contamination during impure intercourse. As a curative to procure the removal of ulcerations and other effects of Syphilis by inoculating those in existence with fresh virus; here also it is expected that protection will be secured against further infection. Experiments have been made which the projectors deemed conclusive proof of the truth of their views. The persons selected having been devotees to science, at the time free from disease, and patients laboring under Syphilis. A careful examination of the results however, shews them to be unentitled to consideration, and while further opportunities have not served to yield similar effects, they have tended to remove any importance which might have been attached to the original. Persons said to have been syphilised, *i. e.* incapable of further infection, have been again inoculated, and the so called cases are of questionable interpetration and not sufficiently numerous to admit of positive inference. M. Vidal believes that for a time a person may be syphilised, but that the effects are of short duration, and when they pass off he is again susceptible of contamination. He also thinks it possible that one part of the body may be syphilised while other parts remain unprotected. Thus in chancre on the prepuce, the penis imbrued with its pus has not become inoculated, while the thigh has borne a chancre at the spot touched by the first during the apposition of the penis and thigh. Under such circumstances perfect safety could only be obtained by inoculating all parts of the body at the same time.

The author's treatment of suppurating bubo deserves notice. Instead of a single free incision he has recourse to puncturation with a straight bistoury, or lancet. When the abscess is recent and limited to one gland he only punctures once, when more extensive and superficial he does so

several times at the same sitting, and again, if necessary, at a subsequent visit. Each puncture is of the extent of a centimetre. If only one be needed, it is made in the most fluctuating point, if several, they are effected about the circumference of the tumor, in a subcutaneous manner and in an oblique direction. Should all the pus not have drained away after a few days, compression is employed, and if the first apertures have closed they are re-opened or new ones added. The advantages of this method are stated to be that of easy and rapid application, less painful than others, productive of more speedy cures and not followed by deformity.

The opinions of Vidal, which we have set forth, are directly opposed to those of M. Ricord, and, in our opinion, justly so. Even Ricord himself has retracted some of his earlier statements, and evinced marked inconsistencies in his views, as published in his *Treatise* and *Letters:* most of the doctrines attributed to him are actually those of John Hunter, and his merit is often only that of a commentator and experimentalist. He has almost been idolized for having, as Gibert says, "extravagantly extolled Inoculation," though B. Bell, and others, employed it years before even America knew him. So open to censure has he laid himself, that even his friend M. Malgaigne has said, "M. Ricord, possessed of a theatre of observation, vast as could be wished, began by rejecting the observations of others; then, adopting a certain theory, he disregards those of his pupils, made under his own eyes, in his own service, and finally, I must say it, he takes no heed of his own when they conflict with his own preconceived views." M. R. denies both incubation and non-consecutive Syphilis. Until lately, he held that Syphilis was peculiar to man, and was not communicable to animals. He confessed, for a time, to Cullerier's notion of transplantation. He contends for the unity of the venereal virus, though, lately, he admits to having failed in proving the doctrine. He asserted that "all men were equal before chancre," that none were unimpregnable. He states that infection can only proceed from the matter of a chancre—that the virus can only enter the system by a chancre, and its infecting properties do not reach beyond the first gland above it, beyond which it can do no harm to others, as it no longer exists as a contagious agent: thus he discarded the transmissibility of secondary disease. He restricted constitutional infection to the true (Hunterian) indurated ulcer. He formerly spoke of his undeviating success with nit. silver, but recently acknowledges almost constant failures. The discovery of *chancre larve* has been taken from Hernandez, and improperly assigned to him. And lastly, "he has pretended by inoculation to distinguish affections apparently similar; to establish the difference between the primitive and consecutive accidents, to aid the cause of justice, and, in fine, to establish a classification, a system; further, still, he

maintains that by the same proceeding he has proved that Syphilis is confined to the human system." These erronious notions of M. Ricord have become pretty generally diffused, not only from the currency of his own, but also from the writings of others who have received them unquestioned, and reechoed them unaltered. On this account, we are glad that a *new* book on Venereal has come out, and we advise every one to get up its information as soon as possible.

XXXVII.—*Homœopathy: its tenets and tendencies, theoretical, theological and therapeutical.* By James Y. Simpson, M.D., F.R.S.E., Professor of Midwifery, University of Edinburgh, and Physician Accoucheur to the Queen for Scotland, &c., &c. Pp. 304. Philadelphia: Lindsay & Blakiston. Montreal: B. Dawson.

Homœopathy fairly represented, a reply to Professor Simpson's "Homœopathy" misrepresented. By William Henderson, M.D., Professor of General Pathology in the University of Edinburgh. First American from the last Edinburgh edition. Pp. 302. Philadelphia: Lindsay & Blakiston. Montreal: B. Dawson.

While Homœopathy exhibited signs of active life in Canada, we hesitated not to grapple with and expose its gross absurdities; but now that premature decay is so plainly marked on its structure, even in its youth already evidencing a speedily approaching dissolution, we care not to occupy our pages with matter so uninteresting to our readers as a review of "infinitesimals," and the law, so called, of "similia similibus curantur." Four or five years ago homœopathy was, in Montreal, decidedly the favorite form of quackery. Many excellent and sensible persons, deceived by its speciousness and charmed by its apparent simplicity, wondered vastly that the regular profession did not at once appreciate its beauties —promptly throw ordinary "physic to the dogs," and exhibit in its stead certain sugar of milk globules, or drops of pure water, somewhat humorously styled "potencies." Those enamoured of the system were quite enthusiastic in its behalf, and labored hard to cause its general adoption. The wonderful virtues of chalk, sulphur, charcoal, &c., when administered in doses of a millionth, billionth, or trillionth part of a grain, were the favorite theme of the hahnemannist, while he spoke of *castor oil*, *blisters* and *leeches*, much in the style of one who loves to astonish his hearers by the description of some infernal machine to take men's lives away. Now, however, we seldom hear this form of quackery spoken of; and when it is mentioned, terms, not altogether of the most refined or complimentary character, are selected by the speaker to give expression to his opinion of it. So mote it be.

Dr. Simpson's work is the best *expose* of homœopathy that we have met with. Dr. Henderson's is an *attempted* reply to the scathing criticisms of Dr. S. To those of our readers who wish to acquaint themselves

with both sides of the question, we recommend the above volumes. The style in which the reprints have been brought out is highly creditable to the publishers, Messrs. Lindsay & Blakiston.

XXXVIII.—*On the subject of Priority in the Mediation of the Larynx and Trachea.* By Horace Green, M.D. p.p. 18.

"Honour to whom honour is due."

Those members of the profession who have practiced cauterization of the interior of the larynx and trachea, and witnessed the beneficial effects of such practice, will feel interested in the determination of the question involved in the subject of the pamphlet before us. "To whom if not to the writer of the pamphlet," we fancy we can hear them exclaim, "is the claim of priority to be awarded?" In this part of the American continent, physicians, certainly, have associated Dr. Horace Green's name with the origination and earnest advocacy of topical medication in laryngeal affections. It would appear, however, that *in his own country* there are those who have made strenuous and unremitting efforts to transfer the honour of the discovery from American to European medicine. In striking contrast with this procedure, and which, at the same time, must overwhelm his unpatriotic opponents with confusion, stand the recorded acknowledgments of Dr. Horace Green's claims, by distinguished European authorities. These Dr. Green has collected in his pamphlet, and, in the same place, satisfactorily substantiated that he was the first man to pass "a sponge probang loaded with solution of nitrate of silver" through the glottis and larynx into the trachea (Dr. John G. Adams to the contrary, notwithstanding), and to point out that such practice was devoid of all danger.

CLINICAL LECTURE.

Clinical Lecture on Diseases of the Anus and Rectum. By John Hamilton, Surgeon to the Richmond Surgical Hospital, Dublin.

(From Dublin Hospital Gazette.)

Abscess at the Anus.

Andrew Carberry, æt. 28, was always healthy till ten days before admission, when he got a shivering followed by thirst, and a few days after experienced uneasiness about the anus at the left side, where he could feel a hard flag; it was very sore and became painful, so that he could not sit down easily, the only position at all comfortable being the recumbent. The swelling gradually increased, extending forwards and becoming more prominent but less hard. For the two nights previous to his coming to the hospital it was exceedingly tender and painful, quite preventing sleep,

There is a considerable swelling at the left side of the anus, and ex-

tending far forwards to the perineum; it is prominent but diffused; the integuments of a dull red colour, extremely tender, fluctuation can be felt obscurely in the centre, but it is generally hard.

Defæcation does not cause any particular uneasiness, but he is easy in no position but lying down.

Jan. 9th—I opened the abscess from one end to the other; the walls were thick. Half an ounce of pus came away, less than might have been expected from the size of the swelling.

Jan. 25th—He was discharged, the abscess having gone on without any further trouble, contracting gradually to a small, superficial, healthy sore.

Abscesses are not unfrequently met with by the side of the anus; the quantity of loose, fatty, cellular tissue, the depending position, and the proximity to the rectum, all tend, perhaps to favour their formation. They are met with in the acute or subacute form, the latter much the more frequent. In the subacute, pain is felt at the side of the anus, amounting, at first, to little more than uneasiness; this pain is increased by coughing, but not so much by the effect of passing a motion, contrary to what we would expect. At this stage the anus and adjacent parts look natural, but in feeling, at the painful side, with the point of the finger pushed upwards, a hardness will be felt high up, tender on pressure. At length, the side of the anus becomes swollen, redder and harder than natural, and finally, the tumor gets softer in the centre, but without well-marked pointing, and fluctuation is evident. These changes are usually preceded by rigor, and accompanied by more or less fever, depression of spirits, loss of appetite, and increase of local suffering. The patient walks with pain and difficulty, and in sitting is careful not to lean on the affected side, but bears on the opposite buttock.

Sometimes the progress of the complaint is much more acute, and the internal pain, preceding any outward appearance, much more severe.

Abscesses about the anus are sometimes of considerable size, extending from the coccyx to the perineum. They are usually confined to one side; they will break of themselves if let alone, either into the rectum, or more commonly externally. The opening is generally too small, and though a greater portion of the matter escapes at first, yet, what is secreted afterwards only imperfectly gets out, the abscess is prevented from closing, and a fistula is the result.

Now, as to the contents of abscesses about the anus: in some you will find the pus thick and healthy, yellow, or slightly greenish; but they have the same peculiarity that abscesses next mucous membranes elsewhere have—at the side of the mouth, for instance, or in the ilio-cæcal region—viz., the odour is usually most offensive. The pus is certainly sometimes inodorous, but more generally has an odour correctly compared to that of garlic. The abscess also not unfrequently contains air.

In people of full gross habit, heavy feeders, and indolent, the abscess assumes a gangrenous character; it is most extensive, the integuments livid, the matter has a gangrenous fœtor; the cellular tissue dark green and sloughy, and there is much foul air. This last is sometimes so excessive as to gush out with violence immediately the abscess is opened. Sir Philip Crampton told, in his lectures, a case of this kind, which he

opened at night, and where the puff of foul air was so violent and sudden that it blew out the candle held close to the anus by an assistant.

You will meet with abscesses by the side of the anus at any age, in children, adults, and old people; but in the first and last they are uncommon, the time when they most frequently occur being from 25 to 45. They may arise from many different causes; constipation of the bowels may act mechanically, the retained fæces pressing on the mesenteric veins which receive the returning blood from the hemorrhoidal, cause a retardation of blood in the latter, and a congestion of all the veins about the lower end of the rectum; at length inflammation ensues, encouraged by the abundance of cellular tissue, and finally abscess. Diarrhœa is another cause, by the irritation and repeated excessive calls to action of the rectum and sphincter, which irritation, being propagated to the cellular tissue about the anus, ends in abscess. The diarrhœa which occurs so constantly in phthisis may be one reason why these abscesses are so common in that disease, but they occur without any bowel attack quite as frequently, which may be explained, perhaps, in this way:— In phthisis, in proportion as the lungs become more diseased and less capable of disengaging the carbon from the blood, the liver takes on a vicarious action, becomes enlarged and fatty, with proportional turgescence of the portal system of veins and of the veins which enter into them, the inferior mesenteric and the hemorrhoidal, which last becoming congested, lead the way to the formation of abscess about the anus. Ulcers of the inside of the rectum, towards its extremity, no doubt cause the formation of abscesses, but not as unfrequently, I believe, as Sir B. Brodie conceives. I think, also, that M. Ribes is not right in saying that abscesses at the anus are most frequently caused by inflamed piles. They sometimes give rise to abscesses, but not frequently. Foreign bodies lodged at the lower end of the rectum, particularly such as are hard and sharp-pointed, by perforating the side of the bowel just in the *cul de sac* above the internal sphincter, cause an abscess, and so work their way out by the side of the anus. Authors give many instances where caries of the bones of the ischium and sacrum excite to the formation of matter either at the side or back of the anus; when this has broken, it terminates in a fistula, which will remain open for months or years, till the carious bone changes a diseased for healthy action, or if there is a piece of loose bone, till this is removed; the surgeon's principal duty in these fistulæ connected with diseased bone, is carefully to search for any detached pieces, and remove them, any operative proceeding for their radical cure being out of the question as long as the caries lasts.

Now with respect to the treatment. In cases of phthisis, if the abscess is not very painful, it may, perhaps, be best left to nature to open. In certain instances the abscess below does seem to retard the progress of the fatal disease above. When there is much pain, a moderate sized opening may be made, soft poultices applied for a few days, and, as the discharge lessens, a small pledget of lint, smeared with white oxide of zinc ointment. In disease of the liver, the same rule of treatment applies; the discharge from the anal abscess acts as a kind of derivative from the more serous disease.

When it is merely a local affection, our object should be, if we see the

case so early that we have to treat it for the inflammation which precedes the formation of matter, to put it back, and prevent its terminating in abscess; and we are sometimes, though rarely, successful.

Mr. Newland, of Camden-street, brought me a young man who complained of pain at the right side of the anus, with such soreness on pressure that he could hardly bear to sit down; he suffered severely when he coughed. The anus and its margin appeared quite natural, but the point of the finger passing high up on the right side of the anus detected a hardness which was very tender on pressure. No pain at stool; but his nights were disturbed by uneasy sensations in the part. The pain was of a fortnight's standing. By leeching and mild purgatives, and friction with an ointment of mercurial ointment and extract of belladonna, the pain and tenderness, and finally the hardness, disappeared in less than a fortnight.

When, however, there are well-marked redness, swelling, and hardness, your efforts will generally fail; a few leeches to relieve pain, warm stupes and poultices, very gentle laxatives, and rest in the horizontal position, will alleviate. But little time should be lost in the use of these means; directly there are any signs of the presence of matter, an opening should be made, for when matter is once formed, from the soft nature of the structures by the side of the rectum, it is apt to spread upwards by the side of the bowel or round it, isolating the rectum, and forming a large cavity which may break into the bowel, and though attended with relief at first, finally end in a blind internal fistula, a troublesome complaint; or if the opening is tolerably large, after the pus is evacuated into the bowel, air, the secretions of the rectum, and fæcal matter enter the sack of the abscess, irritate and inflame it, and, after much irritation and pain, burst externally. For these reasons, therefore, an opening should be made tolerably early. Petit, who has written well on this subject, had a particular way of opening abscesses by the side of the rectum and anus. He introduced his forefinger into the anus; on his finger he passed a bistoury, with the point rather blunt, so as not to wound the finger; then he forced the end of the bistoury through the walls of the rectum into the abscess, and cut outwards and towards the tuberosity of the ischium, dividing the sphincter and opening freely into the abscess. A very free exit was given to the pus, and the sphincter being divided, little chance remained of the case terminating in fistula. Though this proceeding of Petit's contained the true principle of the operation, viz., to make a free opening, yet it is unnecessarily severe and is liable to the objection of offering a cavity for the entrance of fæcal and irritating matters, which must delay the healing of the part. Besides it is unnecessary: a sufficiently large opening can be made along the side of the anus externally; the simple rule being, that it really be sufficiently large; for if the abscess is merely opened with a lancet, the same thing happens as where the abscess opens of itself, the aperture is too small, and as the matter re-accumulates, only partially allows it to escape. It therefore burrows in every direction where the resistance to its progress is least, opens into the rectum, or at some part externally, and finally terminates in fistula; but if the abscess is freely opened with a bistoury, the matter escapes as soon as it is secreted, and the sore soon closes.

Mr. M. æt. of sedentary habits, complained of pain about the anus, increased by coughing, and as if something was in the anus, like the pricking of a straw. The left side, verging towards the perineum, was rather harder than natural the hardness deep-seated, and pressure directed upwards caused pain and made him shrink. He had only felt it for four or five days. The bowels were regular, and he had had no rigor; I, therefore, thought it worth while to try and put the threatened abscess back. Leeches, warm poultices, rest in the recumbent position, and gentle aperients were tried and failed. Three days afterwards the case had made such progress that the right side of the anus was red, soft, and fluctuating; but this last feel not extensive, it could be covered with the point of the finger: there was great tenderness.

I made a free opening with a sharp bistoury, and let out about an ounce of thickish matter, of a faint green colour and garlic odour. Three days after he was well.

A medical friend complained of some pain at the posterior side of the anus, chiefly on coughing; none on going to stool. I felt a slight induration, deep-seated and very tender, evidently the precursor of abscess. Two applications of leeches, cold lead lotion, and frequent poulticing did not put the abscess back.

On the sixth day, finding the swelling of the posterior and lateral sides of the anus very distinct, I made a deep incision with a straight sharp bistoury and enlarged it with a probe-pointed one. A large quantity of healthy-looking pus was let out. On the tenth day he was well.

I relate these two cases, because they afford good examples of the rapidity with which abscesses in this situation heal up after large openings, contrasted with their tedious progress where they have been left to open of themselves, or have been opened by small incisions; under which circumstances, the termination in fistula is the usual result.

Free openings are more necessary where the abscess is a gangrenous one, not only to let out the pus and dead cellular tissue, but to save the skin and arrest the spread of the disease. For, unless this is done, the skin over the gangrened cellular tissue mortifies extensively, adding greatly to the present danger, and to the future tediousness of the case, and discomfort of the patient. Great attention should be paid to draw out the dead portions of cellular tissue, as they become loose, or remove semi-detached portions with the scissors. The foul discharge should be carefully expressed with a sponge, and the part frequently fomented with chamomile decoction, and afterwards linseed meal poultices applied. I think poultices and fomentations are greatly to be preferred to what are called warm dressings, ointments of elemi mixed with turpentine, or yellow resin ointment, which were used by the old surgeons, as by some of the modern, on the mistaken principle, I believe, of stimulating the part to separation of the sloughs; while they fail in this object, they certainly add to the pain and irritation of the disease. Bark, quinine, and sulphuric acid are of use, and the patient will require to be supported by wine and good diet; for, though these gangrenous abscesses generally occur in people of full, gross habit of body, there yet attends them great vital prostration. A vigilant delirium is a frequent symptom, and requires full opiates, which are useful besides for a looseness of the bowels, which is another troublesome symptom often accompanying this form of anal abscess.

THERAPEUTICAL RECORD.

(From Nashville Medical Journal.)

Strychnia in Prolapsus Ani.—M. Duchaussay, in the Archives Gènèrales de Mèdicine, recommends strychnia endermically applied near the region of the sphincter ani for prolapsus of the rectum. A blister is first raised, and to the denuded surface one sixth of a grain of the sulphate of this preparation is then applied, increasing the quantity daily up to one half of a grain.

New Immovable Apparatus for Fractures.—Dr. Williams, of Cincinnati, protects the surface with bandages or otherwise; lays down the many tailed bandages, wetting each strip, sprinkling over them plaster of Paris prepared as for stucco work, and which are now to be instantly applied to the limb. This apparatus immediately dries and becomes hard.

Anodyne Ointment for Sciatica.—At a recent meeting of the Academy of Sciences in Paris, M. Poggiale recommends very highly the following ointment for sciatic neuralgia:

Take—Ext. Belladonna,	5. parts.
Hydrochlorate of Morphia,	0.4. "
Simple Ointment,	.16 "
Lard mascerated with stramonium leaves,	0.16. "
Essence of Lavender,	a few drops.

Tannate of Quinine in night-sweats of Phthisis.—In the Union Mèdicale for April last, M. Delicoux mentions several cases in which tannate of quinine arrested the night-sweats in pulmonary consumption. He gives in powder from seven to fifteen grains in three or four dozes during the afternoon and evening, so that the last may be taken three or four hours before sleep. He says that though this preparation may be inferior to pure tannin; it is superior to disulphate of quinine; it moreover combines the action of a tonic and antiperiodic.

Chloroform in Hooping-Cough.—This is recommended by the distinguished Dr. Fleetwood Churchill. He has used both chloroform and sulphuric ether with decided action upon the paroxysms of this affection. As young children resist the application, it is chiefly adapted to patients above 14 years of age. The mode of administration is to pour about thirty drops in the palm of the hand, and inhale just at the moment of the irritation about to excite the cough.

Pityriasis Capitis.—Mr. J. Wenzar, of Salisbury, in a note to the editor of the Lancet says, I have found a most efficacious remedy for this vexatious disease in the use of the following:—take of fresh sulphuret of potash one drachm, of distilled water three ounces, mix and make a lotion, to be used daily.

Gangrene of the Lung.—Prof. Skoda, of Vienna, reports four cases of gangrene of the lung, treated by inhalations of the vapor of Spts. Turpentine, of which three recovered.—*Virg. Med. & Surg. Jour.*

Strangury from Blisters. Dr. Anderson, of Alabama, believes that strangury can uniformly be prevented by "smearing the plaster with oil of Turpentine" before applying it.—*Ib.*

Chloroform in Colic.—Dr. Aran, of Paris, has found chloroform in doses of from ten to twenty drops a most excellent remedy in colic, particularly in lead colic. He asserts that 150 drops may be safely administered in twenty-four hours, as chloroform is quickly eliminated from the system.—*Ib.*

Colchicum in the Cerebral Symptoms of Scarlatina.—Drs. Babington and Hughes, after long experience, are convinced that when the brain symptoms, which are so generally fatal, supervene during the convalescence of children from scarlet fever, there is no remedy more efficacious than colchicum—*Ib.*

PERISCOPE.

Quinine in Cholera Infantum. By J. U. Heckerman, M.D., Tiffin County, Ohio.—In the May number of the Western Journal of Medicine and Surgery, I have noticed an article by G. W. Booth, on the use of Quinine in Cholera Infantum, in which the writer states that, in many instances, the article named, has, in his hands, proven superior to every other therapeutic agent.

To this statement of Dr. Booth's I wish, through the pages of the Lancet, to add my testimony in regard to the utility of the mentioned drug, in Cholera Infantum and kindred diseases. I first commenced the use of quinine in hyperemiac affections of the alimentary canal in children, simply as a tonic, after well marked symptoms of debility had appeared, and found it not only to answer the immediate end for which it was prescribed, but in most instances (when given in any thing like a decided dose,) to act like a charm, in permanently arresting the morbid discharges, which hitherto had either resisted the control of the more ordinary remedies, or returned after having been thereby checked. I am now in the habit of prescribing quinine, in connexion with other remedies, in almost every case of cholera infantum to which I am called; and so far from having occasion to change my course, I can say that since its adoption, (1851,) I have not only not lost a single patient, but have stripped the disease of its terrors, and cut off, what is often, under the usual plan of treatment, a protracted and serious disorder.

Indeed, if, in the treatment of these diseases, I were to be robbed of every therapeutic agent, and then permitted to select a single one, I should, without hesitation, choose the article that forms the subject of this paper.

The preparation of quinine which I prefer, is the sulphate given in solution with Acid. Sulph. dilut, to which I may or may not, add small portions of ää Tinct. Opii and Ipecac, directing therewith Calomel, in from ss. gr. to gr. ii doses, tris per diem. Under the above plan of treatment, the average duration of the disease, in my hands, is from two to four days. It may be suggested that the main agent in the cures occurring in my practice, are to be found in the Opii, Calomel, Ipecac, &c. but I feel satisfied that my success is unequivocally greater since I began

in connexion with these, the use of quinine, not as a tonic merely, but as the remedy with which I aim at immediately crushing the within-lurking cause of the malady, and would invite any who may be disposed to doubt the correctness of these observations, to give the article an impartial trial before passing conclusive judgment in the case.

Not only in such cases as are self-evidently cholera infantum, but in all cases of infantile diarrhœa, in which I have reason to suspect a slightly inflamed, or congested condition of the mucous coat of the prima via, do I, with slight variations, follow the above prescriptions. I would not be understood, by the Profession, as advancing the idea of a specific, but merely as calling attention to the fact, that the foregoing sulphate acts upon the diseased mucous membrane of the stomach and bowels, in a manner similar to the action of other sulphates upon different portions of mucous tissue when in a like condition; and as expressing my conviction, that in the treatment of the above diseases, the course in connexion therewith is incomparably superior to the ordinary one detailed in most published treatises upon the subject.—*Western Lancet.*

On the Febrifuge Properties of the Olive (Olea Europæa L). By Daniel Hanbury.—In a letter which I have recently received from my friend Mr. Sidney H. Maltass of Smyrna, he draws attention to the value of the leaves of the olive (Olea Europæa. L.) as a febrifuge. The passage is so interesting that I shall make no apology for quoting it at length:—

* * * * I may here tell you of a discovery I made in 1843, which has proved valuable. I was in the island of Mytelene, and at a time when fever and ague of the worst description were raging in the island, —in fact, it was so bad that death ensued frequently after a week or ten days. The small quantity of quinine at the druggist's was soon exhausted, and I could procure none to administer to patients. Knowing that biberine and salicine were often used for fever and ague, I turned over in my mind all the bitters I could think of which might prove effectual. Many were poisonous, and I rejected them, then thought of *olive leaves*, and after some trials made on myself, I commenced administering doses of a decoction of the leaves, say two handsful boiled in a quart of water till evaporation had reduced it to a pint. This I gave in doses of a wine-glassful every three or four hours. Obstinate cases of fever gave way before it; and for many years I have found it more effectual than quinine.

"I have recommended it to our medical men, and although at first they ridiculed the idea, they all use it now. It is a most valuable remedy for the poor in an olive-growing country."

This discovery is the more interesting since it corroborates some observations upon the same subject made in France many years previously.

So early as in the year 1811, M. Cazals, of Adge, pointed out the good effects he had observed produced by the administration of olive leaves in cases of intermittent fever, and a chemical examination of them (as suggested by M. Cazals) was soon afterwards made by M. Ferrat.

Favorable results also attended some similar trials made in France by Dr. Bidot, and in Spain by Drs. Beguin and Faure.

In 1828 a more elaborate investigation of the subject was published by Dr. E. Pallas. He states that olive leaves are sometimes employed as a febrifuge by the physicians of Spain, and that during the war in that country in 1808 to 1818, the French *Officiers de Sante* frequently prescribed them as a substitute for cinchona bark. In several cases of intermittent fever in the military hospital at Pampeluna, Dr. Pallas observed marked beneficial effects from the use of the *bark* of the olive administered in the form of an alcoholic extract.

Dr. Pallas analysed the leaves as well as the young bark, and found them to contain, among other less important constituents, a crystallizable substance designated by him *Vauqueline*, and a bitter principle, to which latter he ascribes most of the febrifuge properties of the plant. As the *young* bark contained more of these matters than either the leaves or the *old* bark, he concluded that it was the preferable part for medicinal use.

Vauqueline, according to this author, is a colourless, inodorous, solid, having a slightly sweet taste. It crystallizes in micaceous plates, or sometimes in stellate prismatic crystals, which are very soluble in water at all temperatures. It scarcely dissolves in cold alcohol, though readily in boiling alcohol, from which it precipitates as the solution cools. Its aqueous solution imparts a faint blue to reddened litmus paper. Young olive bark afforded Dr. Pallas nearly two per cent of *Vauqueline*.

Of the pharmaceutical preparations of olive bark, the more useful appear to be a tincture and an alcoholic extract. The tincture is recommended to be made by digesting one part of the young bark in eight parts of spirit of wine of sp. gr. .867. It may be administered as *Tinctura cinchonæ*. The dose of the extract is half a drachm diffused through a little water.

The varied and independent testimonies in favour of the febrifuge properties of the olive, seem to render it deserving of a more extended investigation, both as to its medicinal and its chemical properties. The *Vauquline* of Pallas should be re-examined, and its connexion with the crystallizable principles obtainable from allied plants should be studied.

That some therapeutic value does really attach to the bark and leaves of the olive, is supported by the fact that both the lilac (*Syringa vulgaris*, L.), plants of the same natural order, are reputed to possess febrifuge properties, and employed on that account in some parts of the continent. —*London Pharmaceutical Jour.*

On the Treatment of Diabetes Mellitus by Rennet.—In the *Edinburgh Monthly Journal of Medical Science* for March, Dr. H. Fearnside relates a successful case of diabetes. Mrs. H., a tall, spare woman, aged fifty-five years, had suffered from bad health for some time, without being able to indicate the existence of any special ailment. She had lost strength and flesh, and for months before coming under treatment, her debility had increased so much, that it was with difficulty that she attended to her ordinary domestic duties. For a considerable time she had remarked that the quantity of urine passed was excessive, and she

had been harassed by constant thirst. When Dr. F. saw her, the expression of her countenance was haggard and anxious; the skin hot and dry; the pulse quick; the tongue was loaded with a yellow fur; she complained of inodorous eructations, heartburn, and flatulence; the bowels were confined; the thirst inordinate. There was great muscular weakness, and severe pains in the back and limbs. The quantity of urine passed in twenty-four hours was five quarts; it was acid, specific gravity 1,046, and gave evidence, on the application of the potash and copper tests, of containing sugar. After the use of some gentle aperient medicine, the diluted mineral and hydrocyanic acids were prescribed, and, with more or less regularity, were taken for some months; the diet was strictly limited to butcher-meat, fish, eggs, milk, and bran bread. Fresh vegetables, as cabbage, were taken occasionally. Brandy and water were allowed as a beverage. A dose of rennet was taken after each meal. A fortnight after the adoption of this plan, the patient became so conscious of its good effects, that notwithstanding the vigorous exercise of self-denial which it required, no further exhortations were needed to ensure its steady employment. The digestion improved, the thirst subsided; the quantity of urine passed in twenty-four hours fell from five quarts to two quarts, and eventually to three pints, and its specific gravity descended in three months from 1,046 to 1,020. It has now for some months been free from sugar, although the patient has cautiously and gradually returned to her ordinary mode of life. She has recovered, in a considerable degree, her strength, but remains spare and thin.

Raising Leeches in France.—[The Paris correspondent of the New York Daily Times furnishes the following interesting information respecting a successful mode of propagating and raising the leech in France.]

The raising and propagation of leeches has for many years been a necessity in France, for the supply furnished by her marshes gave out thirty years ago. Out of her abundance she used to export; and now she is forced to make up her deficiency from abroad. Other countries have in their turn been exhausted—Italy, Germany and Spain; and of late certain districts of Asia, have been laid under contribution. Still, all over the world, the yield has been seriously diminished, and prices have risen to such a point that the poor cannot pay them; and the hospitals even are alarmed. The Academy of Medicine has voted prizes to persons who would discover methods of propagation; and lately a sum was placed in the hands of the Prefect of the Seine, to make experiments with a model leechery in the suburbs, A. M. Borne has just sent to the Academy an account of his establishment at Rambouillet, where he seems to have met with extraordinary success in encouraging the reproduction of his "pupils", as he calls them. They are fed three times a year; they bury themselves in the earth late in the autumn, and pass the winter in a state of torpor. They mate early in the Spring—on St. Valentine's day, probably—and lay their cocoons in May to hatch in September. The young ones are fed upon the "less substantial blood of calves." They are extremely voracious, and in two years

weigh ten times their primitive volume. M. Borne has built conveniences for the reception of the cocoons, and for their artificial incubation. By care and tenderness he has succeeded thus far in preventing any epidemic or sudden mortality in his reservoirs. The leech is very apt to be carried off by sudden disorders, and history mentions the loss of a colony of 18,000 in one winter, of the destruction of 60,000 by a hard frost, and of the consumption of 200,000 in Soloque, by a flock of wild geese. M. Borne has taken extraordinary precautions against any invasion of the sort. In the middle of his ponds is a light-house, or look-out, where a man is constantly stationed, armed with guns and other means of defence; the edges of the ponds are guarded in such a way as to keep out all aquatic enemies, such as water-rats, moles and frogs; traps are set for the trochètes, glossiphonies, hydrodhiles and dytisques, which nourish a traditional animosity toward all leeches. Marauders and poachers are also keenly watched. In short, M. Born hopes soon to be in a position to furnish France a supply sufficient to render any further importation useless; and later he expects even to be able to export for his own account.—*Boston Med. and Surg. Journal.*

Verbena Hastata (Tall Blue Vervain,) and V. Urticifolia, (Common Vervain.) By Silas Hubbard, M. D. Having become well satisfied that the roots of the above named plants possess valuable medical virtues with which the medical profession are not generally acquainted, I am induced to offer a few suggestions in regard to them, trusting that should the experience of others verify the conclusions I have drawn from my own, I shall thereby add something to the general stock of useful knowledge.

These two varieties of vervain possess essentially the same properties. They principally grow on the road-sides, in the vicinity of towns and villages. The verbena urticifolia grows more abundantly, and has a more luxuriant root than the other variety, and is the kind I generally use—I will, therefore confine myself to it. The root, when fresh, has a peculiar characteristic odor, and a nauseous and very bitter taste. The latter part of September and the first of October, is the best time to collect the root. I sometimes give it in the form of tincture, but usually in infusion. I prefer to merely pour boiling water on it and let it cool forth, because, by simmering or boiling it, some of its qualities are dissipated. The complaints for which I have prescribed it with the most benefit, are the various types of intermittent. I am convinced, by my own experience, that it is fully as efficacious as the best cinchona bark in curing these complaints. To cure an intermittent, administer the infusion of the dried root of the strength of 1 oz. to a pint of water; dose f℥ss every four hours during the apyrexia, and it can be administered with good effect, and without any injurious tendency, even during the paroxysm; given in this way, or with brandy, wine or dilute alcohol, the patient rarely suffers a second attack. Its use ought to be continued for some time after the cure to prevent a relapse. It is not necessary to precede its use with a cathartic or an emetic, as physicians frequently do in giving quinine or bark, because, together with its tonic effect, it also promotes the secretions and acts as an alterative. When the

patient is bilious, or his stomach foul, it manifests emetic qualities, and thus cures these complaints by its combined effects. I have frequently given it in remittent fevers of various grades, and in many instances it seemed to cut short the disease. It can be given with advantage even during the fever, I have given it in the various forms mentioned, with good results in jaundice depending on torpor of the liver, and also simple obstructions of the biliary ducts. In its febrifuge powers it seems to resemble quinine more than any other substance, and in fevers I have often used it as a substitute for that article. It is not so apt to irritate the stomach and bowels, neither is it liable to aggravate a fever when given during the paroxysm, as quinine sometimes does. It slightly promotes diaphoresis, and never checks the cutaneous exhalations, as quinine and many other bitter medicines occasionally do. It never creates faintness and nervous prostration, as quinine does when given in large and frequent doses. It answers as a good tonic during convalescence from the fevers I have mentioned; also typhus and typhoid fevers, and is very effectual in preventing relapses. While the cold infusion acts as a good general tonic, it is also an excellent remedy for *anorexia* consequent on *intemperance*, and also for simple debility, indigestion, and dyspepsia.—*Buffalo Medical Journal.*

The Medical Chronicle.

LICET OMNIBUS, LICET NOBIS DIGNITATEM ARTIS MEDICÆ TUERI.

To Subscribers.—The present number completes the first volume of the *Medical Chronicle*. When the proprietors, twelve months ago, determined on publishing a medical journal, they did so with a full consciousness that it was, pecuniarily considered, a hazardous undertaking. As there was no medium of communication for the large body of well-educated practitioners of this important Province, at that time in existence, they were willing even to incur a loss, if it were absolutely necessary, so that the profession might have a periodical devoted to its interests, and in which the members might record whatever of interest and importance occured in their practice. They could not but believe, however, that there were a sufficient number of medical men in Canada to maintain a journal, imbued with the progressive spirit of the day, who would rally around them, and by contributions of pen and purse, guarantee the entire success of the undertaking. In this, they are happy to say, they have not been mistaken. The original department of the *Chronicle* has been well sustained, and many of the communications have been extensively copied into the journals of the United States and Great Britain, thus evidencing the appreciation in which they have been held abroad. The subscription list is a large one, and when all shall have paid, the possibility of loss will be entirely obviated.

In fulfilment of the promise made in their first issue, the proprietors intend to enlarge and otherwise improve the second volume. They have been induced to this step, from an earnest desire that Canada should possess a journal worthy in every way of the talents and respectability of the medical profession within its limits; and from a firm conviction that there is *esprit de corps* enough among the practitioners of the Province to prevent them sustaining any loss by it. While, therefore, they would tender their thanks to those who have hitherto given them countenance and support, they would express the hope that their friends will interest themselves in obtaining new subscribers to the forthcoming volume. And, in conclusion, they would urge upon those who have not sent in the amount of their subscription for the current year, to do so immediately, as they fully intend to send their journal only to those who pay for it. They are certain that many who have not up to the present discharged their obligations to the Journal, with whose names they are familiar, must have omitted doing so merely through carelessness.

New Appointment.—Dr. Joseph Workman has been appointed Superintendent of the Provincial Lunatic Asylum, Toronto.

Small Pox.—We perceive by our exchanges, that small pox has prevailed, and is now prevailing, to a very great extent in different parts of the United States. The almost complete immunity, from the disease, of communities, among whom a wise legislation has made vaccination compulsory, sufficiently indicates the true course to be adopted, if a thorough exemption from this loathsome affection be desired. Dr. Stewart, of New York, has estimated the number of cases of small pox, which have occurred in that city during the last five months, at 5,980; of these, 598 have died. The Toronto Globe has the following extract from a private letter, dated Detroit, April 14, 1854:—"The small pox is raging with fearful destruction among the Indians near Saginaw, Grand River, and Lake Superior. It has rapidly spread, also, among the farmers. At Lansing, the seat of Government, it is very violent. Over 90 cases have occurred on subjects who had been previously inoculated. The heads of the State Departments have left the town. Some thirty clerks in the Departments have been attacked. It seems to have gained an unconquerable form."

State of New York Lunatic Asylum.—We have received the eleventh annual report of the managers of this institution. It appears that the present buildings are not sufficiently large to accommodate the number of applicants for admission. Sixty lunatics were refused during the last year. The erection of another asylum was recommended by Governor

Seymour, in his annual message, January, 1853; "The number admitted during the year was 424; giving a total of 849 under treatment in the course of the year. Of this number, 169 were discharged recovered, 20 much improved, 45 improved, 129 unimproved, and 39 have died; leaving 449 remaining at the end of the year." Among the causes of derangement, there are placed under the head of "Spiritual Rappings," 14.

Address to Graduates.—Dr. Breckinridge's address to the graduates of the Kentucky School of Medicine, is one well worthy of publication. His remarks, on the science and art of medicine, are excellent, and will, we have no doubt, be fully appreciated, not only by the graduates for whom they were penned, but also by all who have the opportunity of reading them.

Elliott's Dentifrice.—Dr. Elliott's reputation as a skilful and accomplished dentist, is so well known, that any Dentifrice made from his own prescription is sure to receive extensive patronage. The present is both an efficient and an elegant compound, and is prepared with great care by Messrs. S. J. Lyman & Co.

Communications on Cholera.—Some of our subscribers have expressed a wish to be informed upon the best opinions concerning the nature and treatment of Cholera. The subject it is feared ere long will prove an all engrossing one. We shall be be very happy to publish the experience of gentlemen who have contended against this dreaded pestilence, and we direct attention to the article in the present number. Writers will please keep in view *practical utility* in their contributions, and eschew all debatable matter as to its nature.

To Correspondents.—Dr Spafford—have acted as wished. *Dr. Fournier*—will see request complied with. *Dr. Sauvè*—is right in his surmises, and we long for the backwoods reminiscences.

BOOKS RECEIVED FOR REVIEW.

Henderson's Homœopathy fairly represented, not misrepresented: From Messrs. Lindsay & Blakiston, Philadelphia. Green on the subject of Priority in the Medication of the Larynx and Trachea: From the Author. Dr. Breckinridge's Address: From the Author. West on the Diseases of Infancy and Childhood. Second American, from the second and enlarged London Edition, 1854. Messrs. Blanchard & Lea: Philadelphia.

ADDITIONAL EXCHANGES.

Georgia Blister and Critic. Edited by H. A. Ramsay, M.D. Vol. 1. No. 2.

Dr. Ramsay has the reputation of being a spirited writer, and judging from the title he has selected for his journal we expect to meet articles more than ordinarily spicy in his editorial columns.

New York Medical Gazette. Edited by D. Meredith, Reese, M. D., L. L. D.

We place this Journal, with pleasure, on our list of Exchanges.

Annales de la Tempérance. Nos. 1 & 2.

This Journal is published monthly, under the auspices of the Roman Catholic Central Temperance Committee, for the Diocese of Monteal. All publications having for their object the dissemination of temperance principles, have our best wishes for their success.

Monthly Return of Sick in the Marine and Emigrant Hospital, Quebec, from the 4th February to 3d March, 1854, inclusive.

	Men.	Women.	Children.	Total.
Remained,	40	17	2	59
Since admitted,	28	13	"	41
	68	30	2	100
Discharged,	40	19	"	59
Died,	"	1	"	1
Remaining,	28	10	2	40

Fever,	72	Ulcers,	3
Inflammation of Lungs,	6	Contusions,	2
Inflammation of liver,	2	Burns and Scalds,	1
Rheumatism,	2	Pregnancy,	2
Dropsy,	2	Febricula,	3
Diseases of skin,	1	Abortus,	1
Syphilis,	7	Hameralopsia,	1
Abscess,	1	Epilepsia,	1

C. E. Lemieux, House Surgeon.

HOSPITAL REPORTS.

MONTREAL GENERAL HOSPITAL.

1. *Functional Cardiac Disease with Spanæmia.*

Ellen H...., admitted on 14th February, under care of Dr. R. P. Howard, complains of shortness of breath when walking, dizziness, and occasional faintness, with painful palpitation in the cardiac region, symptoms which have steadily increased the last few months, and have obliged her to abandon the situation of house-maid. Face, and mucous membrane of mouth pale; tongue clean, moist and somewhat indented by teeth; bowels inclined to costiveness, menstruation regular but very scanty.

Heart's action habitually increased, and easily excited by least em-

tion or exercise; systolic murmur of maximum intensity at cardiac base, traceable up aorta; venous murmur in neck; cardiac dulness normal.

Diagnosis.—Functional cardiac disease with spanœmia. She was ordered mist. ferri comp. et decoct. alœs comp., three times a-day, which she took until 15th March, when she wished to return to her place, promising to continue the medicine for some time. The murmur was now audible only during excitement produced by walking rapidly up and down the ward. The palpitation and vertigo had ceased; there was much more color in the cheeks and lips, and the catamenial flow was more abundant, on the single occasion of its occurrence in hospital.

Remarks.—The above case illustrates a group of symptoms which frequently accompany impoverished blood, and exhibits the efficacy of iron in their removal.

2. *Subacute Rheumatism, with Mitral Disease.*

Sarah J...., aged 19, servant, admitted 10th March, under care of Dr. Howard, for severe pains in ankles and knees. States that her health had been good until about last Christmas, when she began to suffer severely from pains in various joints, not accompanied by much fever, nor obliging her to take to bed, although incapacitating her for her household duties. An experienced physician, who saw her about this period, and examined her heart, stated that there was nothing abnormal about it. Some time after the accession of the rheumatic symptoms, a distressing palpitation of the heart supervened, and these have continued ever since in spite of treatment.

Face pale, and lips rather anæmic, digestive system tolerably healthy. Pulse quick, but of normal frequency; no heat of skin, nor swelling or tenderness of articulations.

Hand detects purring tremor over left ventricle, with an impulse slightly increased, but rather quick, than forcible. Cardiac dulness normal. There is a loud systolic murmur heard at left apex, which becomes faint at cardiac base, and inaudible over aortic arch, and in left vertebral groove.

Diagnosis.—Articular rheumatism, mitral regurgitation, and anæmia. Annexed treatment was prescribed, viz.:—Mist. ferri comp. cum decoct. aloes co., three times a-day, and colchicum, potash and hyoscyamus in the intervals. Tinct. iodine to the joints. On the 19th, the articular pains were much relieved, but they did not entirely disappear until about the 1st April and were occasionally trying enough. Since then she has been free of the rheumatism, her colour has deepened, and her strength and flesh improved, and the only inconvenience she complained of when leaving the Hospital on the 24th April, was a pain below and about the cardiac region, for which a belladonna plaster was prescribed. The physical signs of mitral disease had not altered.

Remarks.—It is important to note the supervention of endocardial disease in a case of chronic apyrexial rheumatism, which is, to say the least, not a frequent occurrence. The administration of iron at the same time as the colchicum proved a valuable modification of the ordinary modes of treating such cases.

3. *Acute Articular Rheumatism.*

Mary G——ætat 30—stout and of full habit—was attacked with acute

rheumatic pains in right shoulder, elbow and wrist, on the 2nd February. Cannot assign any cause for the attack, which is her first. Has not been consciously exposed to cold. On the 27th she was given as an out-door patient colchicum, potash and hyoscyamus, to take during the day, and a powder of nitre, ipecac, and opium at night. The affected joints to be painted with tinct. of iodine. On the 28th she was admitted under Dr. H., and the same treatment was continued until the 9th March, when, being quite free of pain, sulphate quinine was ordered instead, and she was discharged in a few days quite well.

REMARKS.—The colchicum and alkalies acted very promptly in the preceding case, for the detailed notes, record very great relief to the pains on the 1st March, *i. e.*, on the 3rd day of treatment. The skin perspired freely and there was no cardiac complication.

MEDICAL NEWS.

There are 3,157 medical officers in the Poor Law Unions of England and Wales, salaries amounting to £165,549. For this annual sum they take charge of the sick poor of a population of 17,335,099 scattered over an area of 31,473,438 acres. There is one salary as high as £270; the population is 17,141, the average 37,980. There are two salaries as low as £2; the population in each case is but about 400.—The stamp duties on university degress for the year 1853 produced the sum of £8,535. At Durham and the London and Queen's Universities, no duties are payable.—Dr. L. F. Fisher has been elected Mayor of Camden, N. J.—Dr. S. Cony was elected Mayor of Augusta, Me., on the third trial. "We believe," says the Boston Medical Journal, "that six Physicians have been elected Mayors within an area of 400 miles since January last. There is a good time coming surely."—Several cases of hydrophobia have proved fatal within a few days in New Jersey.—Dr. Spear, of Melonville, Florida, has raised 20,000 lemons from 250 trees. He is the largest lemon grower in the United States.—The jury of inquest on the body of Dr. Gardiner came to the conclusion that his death was caused by taking a large dose of strychnine.—The following notice, from one of the medical officers, was read at a meeting of the guardians of the poor of Greenwich: "Received from the Guardians of the Greenwich Union, the paltry sum of £20, for thirteen weeks extra service as house-to-house visitor, sanitory inspection, and for medicines supplied to the sick poor of Deptford, by which I find my services as a professional man are valued at the same rate as a journeyman mechanic."—Mr. Layard, the celebrated traveller, has astonished Prof. Owen and the homologists by stating in a lecture that in digging out a bas relief of a lion hunt he observed a claw in the tail, a peculiar feature he maintains of the Asiatic breed of lions.—There have been over three hundred cases of small pox and varioloid in Boston since December last; and of that number about thirty have died.—A man in Paris, by inflating a number of bladders with pure hydrogen gas and attaching them to his body, has recently attained an extraordinary pace, equal to 30 or 40 miles an hour. His leaps were five or six yards a time.—Professor Mott, of New York, has been elected an honorary member of the Medico Chirurgical Society of London.—The census of 1850 gives to Tenessee 1,523 physicians, 1,081 clergymen, and 725 lawyers.—A newly appointed Professor of Theory and Practice in a Western Medical School, more familiar with politics than physics, started on a pilgrimage to the east. At Buffalo he called on one of the magnates of the profession. In the course of the conversation the *nouveau ne* Professor inquired as follows: "Can you tell me, Sir, what there is about this matter of physical diagnosis? Is it really, now, worth knowing?" The host indicated very politely that it was, perhaps, very desirable that *teachers* should have some knowledge of it; whereupon the newly elected one said "that if it was really worth while, he would go down to New York for a fortnight and acquire it. For his part he hadn't much faith in it." [Buffalo Journal].—There are 1293 Physicians in the State of Georgia, or about one to every 706 inhabitants.—Dr. Crisp exhibited a dog without a spleen to the London Medical Society. Dr. H. A. Ramsay, Editor Georgia Blister and Critic, lately examined a man who had none.—Abernethy when canvassing for the office of assistant at St. Bartholomew's, called on a fat grocer at Smithfield. "I suppose, Sir, you want my vote and interest at this very serious and very momentous epoch of your life." "No I don't," said Abernethy, "I want a penn'orth of figs, come look sharp and wrap 'em up."

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